

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L95800**

1. Corporation Name

SINTEL SYSTEMS INTERNATIONAL, INC.

Principal Place of Business

**205 S HOOVER ST
SUITE 208A
TAMPA FL 33609
US**

Mailing Address

**205 S. HOOVER STREET
208A
TAMPA FL 33609
US**

2. Principal Place of Business

**21 4851 GANDY BLVD.
Suite, Apt. #, etc.
8-3**

2a. Mailing Address

**26 4851 GANDY BLVD.
Suite, Apt. #, etc.
8-3**

City & State

23 TAMPA FL

City & State

28 TAMPA FL

Zip

24 33611

Country

25 US

Zip

29 33611

Country

30 US

9. Name and Address of Current Registered Agent

**RYAN, JOSEPH A.
4851 GANDY BLVD #3-38
TAMPA FL 33611**

3. Date Incorporated or Qualified

08/13/1990

4. FEI Number

59-3027499

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

10. Name and Address of New Registered Agent

81 Name

RYAN, JOSEPH A.

82 Street Address (P.O. Box Number is Not Acceptable)

4851 GANDY BLVD # 8-3

83

84 City

TAMPA

FL

85 Zip Code
33611

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Joseph A. Ryan - JOSEPH A. RYAN - PRESIDENT

4/23/99

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **DP**
STREET ADDRESS **RYAN, JOSEPH A.**
CITY-ST-ZIP **4851 GANDY BLVD #3-38
TAMPA FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME **DP**
1.3 STREET ADDRESS **RYAN, JOSEPH A.**
1.4 CITY-ST-ZIP **4851 GANDY BLVD. # 8-3
TAMPA, FL 33611**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Joseph A. Ryan - JOSEPH A. RYAN

4/23/99

DATE

(813) 837-0001

Daytime Phone #

CR2E034 (1/98)