Mar 09, 1999 8:00 am Secretary of State

03-09-1999 90141 017 ***150.00

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 # M61052

1. Corporation													
SINCERI	ty indus	TRIES, INC.							1 18818811 118 81181 11811 88181 8111F 1181	41 4 11 4 1411 6 11		(1611 B18(1 188)	
Principal Place of Business				Mailing Address							iti Bi k ii A	.I \$14 B I B I I I B B I	
3045 N FEDERAL HWY 3045 N. FEDERAL HWY													
#60-D #60-D FT LADUERDLAE FL 33306 FT LAUDERDDLAE FL					306) 6			DO NOT WRITE IN THIS SPACE				
US US									3. Date Incorporated or Qualifed				
									10/20/1987				
2. Principal P	lace of Busine	SS	2a.	2a. Mailing Address				_ ·	4, FEI Number			plied For	
21			26						65-0089938 Not Applicab			t Applicable	
Suite, Apt.	#, etc.		27	Suite, Apt. #, etc.					5. Certificate of Status Desired		Fee Re		
City & State				City & State				- 1	6. Election Campaign Financing	\$	5.00	May Be	
23			28						Trust Fund Contribution		Added t	o Fees	
Zip	_	Country		Zip		untry			8. This corporation owes the current ye				
24	2		29		30	_			Personal Property Tax.			□No	
	9. Name a	nd Address of Curr	ent Regis	tered Agent		81	Mana	1	Name and Address of New Regist	ered Agen	at		
RO1 II	CE SIRKUS					01	Name		<u></u>				
3045 N. FEDERAL HWY							Street A	ddress	ess (P.O. Box Number is Not Acceptable)			[
1	E 60-D					83							
FTL	AUDERDALE	FL 33306				84	City			85	Zip	Code	
						İ	'			FL	1		
office or r	enistered anei	nt or both in the Stat	e of Florid	la. Such change was	: authorize	ed by	the corpor	corporati ration's	ion submits this statement for the purpo board of directors. I hereby accept the	ise of chan appointme	ging its nt as re	registered gistered	
agent. I a	m familiar with	, and accept the obli	gations of,	Section 607.0505, F	Florida Sta	tutes							
SIGNATURE	Slocature, typed or	printed name of registered a	gent and title it	f applicable (NO	TE: Registere	d Agen	nt signature req	guired whe	en reinstating) DA	TE		!	
12							13.		ADDITIONS/CHANGES TO OFFICER	RS AND DI	RECTO	RS IN 12	
TITLE	PSD			☐ DELETE	1.1 7	TITLE					Change	Addition	
NAME	SIRKUS, B	RUCE			1.21	NAME			·				
STREET ADDRESS	3045 N. FE	EDERAL HWY #60-	-D		1.3 \$	STREET	ADDRESS						
CITY-ST-ZIP	FT LAUDE	RDALE FL 33306			1.4 (CITY-S	T-ZIP						
TITLE	VTD			☐ DELETE	2.1	ITLE					Change	Addition	
NAME	SIRKUS, N				2.21	NAME							
STREET ADDRESS	ı	EDERAL HWY #60	-D		2.3	STREET	T ADDRESS						
CITY-ST-ZIP	FT LAUDE	RDALE FL 33306		- III belete		CITY-S	T-ZIP				Change	☐ Addition	
TITLE				☐ DELETE		TITLE				- 'Y 'L'	Juliye	[_] Addition	
NAME						NAME			-	1 1			
STREET ADDRESS							ADDRESS		**	••			
CITY-ST-ZIP				☐ DELETE		CITY-S	91-ZIP				Change	Addition	
NAME					1	NATE					•	_	
STREET ADDRESS					2	- 1	T ADDRESS						
CITY-ST-ZIP						CITY-S							
TITLE				☐ DELETE		TITLE					Change	Addition	
NAME					52	NAME							
STREET ADDRESS					5.3	STREET	TADDRESS						
CITY-ST-ZIP						CITY-S	T-ZIP						
TITLE				☐ DELETE		TITLE					Change	☐ Addition	
NAME					1	NAME							
STREET ADDRESS	1				6.3	STREET	ADDRESS						

CITY-ST-ZIP 14. 1 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 chapted, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

TED NAME OF SIGNING OFFICER OR DIRECTOR

9545680007