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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000084304

1. Corporation Name

SINISI & CONNARD II, INC.

							66 18 18 18 18 18		
Principal Place	e of Business	Mailing Address				-	 	I v ili birez ilik k	
9999 MIRAMAR PKWY		9999 MIRAMAR PKWY							
MIRAMAR FL 33025 US		MIRAMAR FL 33025 : US				DO NOT WRITE IN THIS SPACE			
00		**				3. Date Incorporated or Qualif	ed ,		
			_			12/01/1993			
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number		<u> </u>	plied For
21		26				65-0453197			t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired		\$8.75 A Fee Red	
22 City & State		City & State				6. Election Campaign Financi		\$5.00	·
City & State	e , ·	28	~ .			Trust Fund Contribution	' ⁹ 🗆	Added to	
Zip	Country	Zip	Cou	ntry		8. This corporation owes the o	urrent year Int		
24	25	29	30	•		Personal Property Tax.	, ,		□No
	9. Name and Address of Currer	nt Registered Agent				10. Name and Address of Ne	w Registered	Agent	
				81	Name				Í
	NARD, THOMAS J.			82	Street Addre	ss (P.O. Box Number is Not Acco	eptable)		
9999 MIRAMAR PKWY				Ĺ					
MIKA	MAR FL 33025			83					
				84	City			85 Zip C	Ode
		100 TI 14 OLL	. 451	<u>LL</u>		-ation automite this statement for	FL		registered
11. Pursuant office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State	of Florida. Such change was a	es, the al uthorized	bove-r I by th	nameo corpo le corporatio	ration submits this statement for h's board of directors. I hereby ac	cept the appo	intment as reg	gistered
agent, I a	m familiar with, and accept the obliga	itions of, Section 607.0505, Flo	rida Statı	utes.					
SIGNATURE		-t and title if applicable (NOTE:	Panietarad	Agent e	ignature required	when reinstating)	DATE		
	Signature, typed or printed name of registered age: OFFICERS AN			Agent si	ignature required	when reinstating) ADDITIONS/CHANGES TO	DATE OFFICERS At	ND DIRECTO	RS IN 12
12.	OFFICERS AN	nt and title if applicable. (NOTE: ID DIRECTORS DELETE	Registered 13.		ignature required			ND DIRECTO	RS IN 12
	OFFICERS AN	ID DIRECTORS	13.	ne	ignature required				
12.	OFFICERS AN	ID DIRECTORS	13. 1.1 TT 1.2 NA	n.e Me	ignature required				
12. TITLE NAME	PD CONNARD, THOMAS	ID DIRECTORS	13. 1.1 TIT 1.2 NA 1.3 ST	n.e Me	DDRESS				☐ Addition
12. TITLE NAME STREET ADDRESS	PD CONNARD, THOMAS 15901 S.W. 51ST MANOR	ID DIRECTORS	13. 1.1 TIT 1.2 NA 1.3 ST	TLE MME TREET AL	DDRESS				
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CONNARD, THOMAS 15901 S.W. 51ST MANOR	ID DIRECTORS	13. 1.1 TT 1.2 NA 1.3 ST 1.4 CF	TLE TREET AL TY-ST-Z	DDRESS			☐ Change	☐ Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PD CONNARD, THOMAS 15901 S.W. 51ST MANOR	ID DIRECTORS	13. 1.1 TH 1.2 NA 1.3 ST 1.4 CF 2.1 TH 2.2 NA	TLE WHE TY-ST-Z TLE	DDRESS			☐ Change	☐ Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PD CONNARD, THOMAS 15901 S.W. 51ST MANOR	ID DIRECTORS DELETE DELETE	13. 1.1 TH 1.2 NA 1.3 ST 1.4 CF 2.1 TH 2.2 NA 2.3 ST 2.4 CF	TLE TY-ST-Z TLE TYEET AI THE TY-ST-Z TLE TREET AI	DDRESS ZIP DORESS .			☐ Change	☐ Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PD CONNARD, THOMAS 15901 S.W. 51ST MANOR	ID DIRECTORS	13. 1.1 TII 1.2 NA 1.3 ST 1.4 CF 2.1 TII 2.2 NA 2.3 ST 2.4 CG	TLE TREET AT TY-ST-Z TLE TREET AT TREET AT TREET AT TREET AT	DDRESS ZIP DORESS .			☐ Change	☐ Addition
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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 employered 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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP (1)

FILED Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90079 037 ***150.00