FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000037372 (7)**

1. Corporation Name
SINCERELY, INC.

Principal Place of Business
4901 NW 17 WAY
403
FT. LAUDERDALE FL 33309
US

Mailing Address
4901 NW 17 WAY
403
FT. LAUDERDALE FL 33309
US

3. Date Incorporated or Qualified: **05/18/1994**
3a. Date of Last Report: **01/31/1995**

2. Principal Place of Business
21 12760 NW 15 ST.
Suite, Apt. #, etc.
22
City & State
23 Coral Springs, Fla.
Zip 24 33071
Country 25 ~~[illegible]~~ USA

2a. Mailing Address
26 12760 NW 15 ST
Suite, Apt. #, etc.
27
City & State
28 Coral Springs, Fla
Zip 29 33071
Country 30 ~~[illegible]~~ USA

4. FEI Number: **65-0495593** — 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

SHAPIRO, RONALD F
633 SOUTH ANDREWS AVE.
SUITE 101
FORT LAUDERDALE FL 33301-2843

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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
Signature: Typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when name is changed) DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	☐ DELETE
NAME	SHAPIRO, KENNETH W	
STREET ADDRESS	12760 N.W. 15TH ST.	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE	T	☒ DELETE
NAME	LASLETT, SUSANNA L	
STREET ADDRESS	7505 NW 40 CT.	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE	S	☒ DELETE
NAME	SANTORO, LAURA A	
STREET ADDRESS	2109 N.W. 87TH TERR.	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
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	D/V	☐ Change ☒ Addition
1.2 NAME	RUTH W. SHAPIRO	
1.3 STREET ADDRESS	12760 NW 15 STREET	
1.4 CITY-ST-ZIP	CORAL SPRINGS, FL 33071	
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		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: [signature] 3/8/96 954-752-2108
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
KENNETH W. SHAPIRO