


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

**FILED**  
**Apr 20 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

**DOCUMENT # P95000079050 (7)**  
 1. Corporation Name  
**SINISI AND SON, INC. II**



Principal Place of Business <b>4704 FAIRLEA DR. VALRICO FL 33594</b>	Mailing Address <b>4704 FAIRLEA DR. VALRICO FL 33594</b>
---	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>4432 MERRICK RUN LANE</b> Suite, Apt. #, etc. 22 <b>VALRICO, FL.</b> City & State 23 <b>33594</b> Zip	2a. Mailing Address 26 <b>4432 MERRICK RUN LANE</b> Suite, Apt. #, etc. 27 <b>VALRICO, FL.</b> City & State 28 <b>33594</b> Zip	3. Date Incorporated or Qualified <b>10/13/1995</b>	4. FEI Number <b>65-0620259</b>	Applied For <input type="checkbox"/> Not Applicable
24	25	29	30	Country

9. Name and Address of Current Registered Agent  
**SINISI, ANTHONY P**  
**4704 FAIRLEA DR.**  
**VALRICO FL 33594**

10. Name and Address of New Registered Agent  
 81 Name **ANTHONY P. SINISI**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**4432 MERRICK RUN LANE**  
 83  
 84 City **VALRICO** FL 85 Zip Code **33594**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>SINISI, ANTHONY G</b>	
STREET ADDRESS	<b>8300 NW 17TH CT.</b>	
CITY-ST-ZIP	<b>PEMBROKE PINES FL 33024</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>SINISI, ANTHONY P</b>	
STREET ADDRESS	<b>4704 FAIRLEA DR.</b>	
CITY-ST-ZIP	<b>VALRICO FL 33594</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>SINISI, ANTHONY P.</b>
2.3 STREET ADDRESS	<b>4432 MERRICK RUN LANE</b>
2.4 CITY-ST-ZIP	<b>VALRICO, FL. 33594</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: *Anthony P. Sinisi* **ANTHONY P. SINISI 4/17 (813) 685-8840**

CR2E034 (10/97)