

FILE NOW: FILING FEE AFTER MAY 1 IS \$55.00

FILED
May 02 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Moham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000028692 (7)

1. Corporation Name
CINLEY, CORP.



Principal Place of Business
6741 W. SUNRISE BLVD.
SUITE 29
PLANTATION FL 33313

Mailing Address
6741 W. SUNRISE BLVD.
SUITE 29
PLANTATION FL 33313-6029

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 04/02/1996	3a. Date of Last Report
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 65-0658318	Applied For Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Country	29 Country	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	30 Entry		

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
JABLONSKI, KATHY 6741 W. SUNRISE BLVD. SUITE 29 PLANTATION FL 33313	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, 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 Stat.

SIGNATURE _____ (NOTE: Reg. Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	LE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CINOTTO, JACK	ME	
STREET ADDRESS	2135 S.W. 81ST AVE.	REET ADDRESS	
CITY - ST - ZIP	DAVE FL 33324	TY - ST - ZIP	
TITLE	STD	LE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DALEY, WILLIAM	ME	
STREET ADDRESS	10280 REFLECTION WEST #101	REET ADDRESS	
CITY - ST - ZIP	SUNRISE FL 33351	TY - ST - ZIP	
TITLE		LE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		ME	
STREET ADDRESS		REET ADDRESS	
CITY - ST - ZIP		TY - ST - ZIP	
TITLE		LE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		ME	
STREET ADDRESS		REET ADDRESS	
CITY - ST - ZIP		TY - ST - ZIP	
TITLE		LE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		ME	
STREET ADDRESS		REET ADDRESS	
CITY - ST - ZIP		TY - ST - ZIP	
TITLE		LE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		ME	
STREET ADDRESS		REET ADDRESS	
CITY - ST - ZIP		TY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for 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, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR D

Date

Daytime Phone #

0272826

CR2E034 (9/96)