

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

APPROVED
AND
FILED

97 OCT -2 AM 8:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000060773 (4)**

1. Corporation Name
SIN-SATIONS, INC.

Principal Place of Business
**2424 N. CONGRESS AVENUE
SUITE G
WEST PALM BEACH FL 33409**

Mailing Address
**2424 N. CONGRESS AVENUE
SUITE G
WEST PALM BEACH FL 33409-6355**

3. Date Incorporated or Qualified
07/19/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FEI Number

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

10. Name and Address of New Registered Agent

~~HARMON, JON~~
**2424 N. CONGRESS AVENUE
SUITE G
WEST PALM BEACH FL 33409**

81 Name
Karen Straw
82 Street Address (P.O. Box Number is Not Acceptable)
5170 Glen Cove Lane
83 City
West Palm Beach
84 City
FL 85 Zip Code
33415

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

Karen Straw
Signature, typed or printed name of registered agent and filed representative

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PT** ☒ DELETE
NAME **HARMON, JON**
STREET ADDRESS **2424 N. CONGRESS AVENUE, SUITE G**
CITY-ST-ZIP **WEST PALM BEACH FL 33409**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE
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

TITLE **VSD** ☒ DELETE
NAME **SHINE, DAVID**
STREET ADDRESS **2424 N. CONGRESS AVENUE, SUITE G**
CITY-ST-ZIP **WEST PALM BEACH FL 33409**

TITLE **P** ☐ DELETE
NAME **Travis Swift**
STREET ADDRESS **2424 N. Congress Ave. Ste G.**
CITY-ST-ZIP **West Palm Beach, Fla 33409**

TITLE **VSD** ☐ DELETE
NAME **meredith Calabrese**
STREET ADDRESS **2424 N. Congress Ave Ste G.**
CITY-ST-ZIP **West Palm Beach, FL 33409**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

14. I do 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.

CP2E034 (9/96)