

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 07, 1999 8:00 am  
Secretary of State

04-07-1999 90055 036 \*\*\*150.00

DOCUMENT # P97000078757

1. Corporation Name

JEFFREY S. SINIAWSKY, P.A.

Principal Place of Business

790 E. BROWARD BLVD.  
SUITE 200  
FORT LAUDERDALE FL 33301

Mailing Address

790 E. BROWARD BLVD.  
SUITE 200  
FORT LAUDERDALE FL 33301

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/11/1997

4. FEI Number

65-0682300

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 300 N. W. 82nd Ave.

Suite, Apt. #, etc.  
22 505

23 City & State  
Plantation, Florida

24 Zip  
33324

25 Country  
USA

2a. Mailing Address

26 300 N. W. 82nd Ave.

Suite, Apt. #, etc.  
27 505

28 City & State  
Plantation, Florida

29 Zip  
33324

30 Country  
USA

9. Name and Address of Current Registered Agent

SINIAWSKY, JEFFREY S  
790 E. BROWARD BLVD.  
SUITE 200  
FORT LAUDERDALE FL 33301

10. Name and Address of New Registered Agent

81 Name

Jeffrey S. Siniawsky,

82 Street Address (P.O. Box Number is Not Applicable)

300 N. W. 82nd Ave.,

83 Suite 505

84 City  
Plantation

85 Zip Code  
FL 33324

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE D  
NAME SINIAWSKY, JEFFREY S  
STREET ADDRESS 790 E. BROWARD BLVD., SUITE 200  
CITY-ST-ZIP FORT LAUDERDALE FL 33301

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 ☐ Change ☐ Addition

1.1 TITLE D  
1.2 NAME Jeffrey S. Siniawsky  
1.3 STREET ADDRESS 300 N. W. 82nd Ave., Suite 505  
1.4 CITY-ST-ZIP Plantation, Florida 33324

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

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/1/98)