

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

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90211 016 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # **P98000087057**

1. Corporation Name
SINCAVAGE & JONES, INC.



Principal Place of Business
**4680 BLUE LAKE DRIVE, SUITE #200
 BOCA RAOTN FL 33431**

Mailing Address
**4680 BLUE LAKE DRIVE, SUITE #200
 BOCA RAOTN FL 33431**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/09/1998

4. FEI Number
65-0879179 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 6601 Park of Commerce Blvd.

2a. Mailing Address
27 6601 Park of Commerce Blvd.

22. Suite, Apt. #, etc.
27

City & State
23 Boca Raton, FL

28. City & State
28 Boca Raton, FL

24. Zip
24 33487

25. Country
25 USA

29. Zip
29 33487

30. Country
30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

QUARLES, THOMAS
4680 BLUE LAKE DRIVE, SUITE #200
BOCA RAOTN FL 33431

81 Name
Quarles, Thomas

82 Street Address (P.O. Box Number is Not Acceptable)
6601 Park of Commerce Blvd.

83

84 City
Boca Raton

85 Zip Code
FL 33487

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 **THOMAS J. QUARLES** (THOMAS J. QUARLES) **4/30/99**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <input type="checkbox"/> DELETE		1.1 TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	Frank J. Sincavage
STREET ADDRESS		1.3 STREET ADDRESS	593 N Country Club Drive
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Atlantis, FL 33462
TITLE <input type="checkbox"/> DELETE		2.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	Suzanne Jones
STREET ADDRESS		2.3 STREET ADDRESS	593 N. Country Club Drive
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Atlantis, FL 33462
TITLE <input type="checkbox"/> DELETE		3.1 TITLE	T/S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Beth Carlson
STREET ADDRESS		3.3 STREET ADDRESS	5770 Poinsettia Avenue
CITY-ST-ZIP		3.4 CITY-ST-ZIP	West Palm Beach, FL 33407
TITLE <input type="checkbox"/> DELETE		4.1 TITLE	Asst. S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Thomas Quarles
STREET ADDRESS		4.3 STREET ADDRESS	525 N. Ocean Blvd., #1615
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Pompano, FL 33062
TITLE <input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: **THOMAS J. QUARLES** **4-30-99** **561-999-4403**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)