

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
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90211 016 ***150.00

DOCUMENT # P98000087057

1. Corporation Name

SINCAVAGE & JONES, INC.

Principal Place of Business

4680 BLUE LAKE DRIVE, SUITE #200
BOCA RATON FL 33431

Mailing Address

4680 BLUE LAKE DRIVE, SUITE #200
BOCA RATON 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.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Boca Raton, FL

Zip Country

24 33487 25 USA

City & State

28 Boca Raton, FL

Zip Country

29 33487

30 USA

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

Quarles, Thomas

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

6601 Park of Commerce Blvd.

83

84 City Boca Raton

FL

85 Zip Code 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/30/99

DATE

12. OFFICERS AND DIRECTORS

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

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☐ Change ☒ Addition

1.2 NAME Frank J. Sincavage

1.3 STREET ADDRESS 593 N Country Club Drive

1.4 CITY-ST-ZIP Atlantis, FL 33462 ☐ Change ☒ Addition

2.1 TITLE V

2.2 NAME Suzanne Jones

2.3 STREET ADDRESS 593 N. Country Club Drive

2.4 CITY-ST-ZIP Atlantis, FL 33462 ☐ Change ☒ Addition

3.1 TITLE T/S

3.2 NAME Beth Carlson

3.3 STREET ADDRESS 5770 Poinsettia Avenue

3.4 CITY-ST-ZIP West Palm Beach, FL 33407 ☐ Change ☒ Addition

4.1 TITLE Asst. S

4.2 NAME Thomas Quarles

4.3 STREET ADDRESS 525 N. Ocean Blvd., #1615

4.4 CITY-ST-ZIP Pompano, FL 33062 ☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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 (11/98)