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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Feb 18, 1999 8:00am **Secretary of State**

02-18-1999 90008 010 \*\*\*150.00

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SINKRAN	I, INC.						
Principal Place	of Business	Mailing Address					
2762 S.E. 9TH STREET POMPANO BEACH FL 33062 US  2762 S.E. 9TH STREET POMPANO BEACH FL 33062 US				DO NOT WRITE IN  3. Date Incorporated or Qualifed	THIS SPACE		
					09/16/1991		· · ·
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number		lied For
21		26			11-2009993	\$8.75 Ac	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	Fee Req	
City & State	e	City & State			6. Election Campaign Financing	\$5.00 N	
23	·	28			Trust Fund Contribution	Added to	rees
Zip	Country	Zip	_ Countr □	у	This corporation owes the current ye     Personal Property Tax.	arintangibie ∏Yes {	□No
	25	29 3	0		10. Name and Address of New Regist	ered Agent	
	9. Name and Address of Curre	ent Registered Agent	8	1 Name	,		
KRAI	M, SAMUEL N.		8:	2 Street Add	dress (P.O. Box Number is Not Acceptable)		
2762	SE 9 ST		"	2 Silect Aud	1000 (1 10, DOX 1011)	** A . * * * * *	1 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
POM	PANO BEACH FL 33062		8:	3		接通法证	
			8	4 City		85 Zip C	ode '
11. Pursuant	to the provisions of Sections 607.05	502 and 607.1508, Florida Statutes	the abo	ve-named cor	poration submits this statement for the purportion's board of directors. I hereby accept the	se of changing its a appointment as reg	registered jistered
11. Pursuant office or r agent. I a	registered agent, or both, in the Statum familiar with, and accept the oblig	gations of, Section 607.0505, Florid	ia Statute	es.		те .	·
office or r agent. I a SIGNATURE	registered agent, or both, in the Statum familiar with, and accept the oblig	gations of, Section 607.0505, Florid	ia Statute	es.	red when reinstating) 1 DA ADDITIONS/CHANGES TO OFFICE	TE RS AND DIRECTOR	RS IN 12
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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 address, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

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