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May 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J47319 (5)

1. Corporation Name
SIM PROPERTIES, INC.

[redacted]

Principal Place of Business
455 S GULFVIEW BLVD.
CLEARWATER BEACH FL 34630

Mailing Address
455 S GULFVIEW BLVD.
CLEARWATER BEACH FL 34630

3. Date Incorporated or Qualified: 12/16/1986
3a. Date of Last Report: 05/01/1995
4. FEI Number: 59-2747467

2. Principal Place of Business
21 P.O. Box 3964
Suite, Apt. #, etc
22
City & State
23 Clearwater Beach FL
24 Zip 34630 25 Country

2a. Mailing Address
26 P.O. Box 3964
Suite, Apt. #, etc
27
City & State
28 Clearwater Beach FL
29 Zip 34630 30 Country

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 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
PLATTE, DAVID E.
603 INDIAN ROCKS RD
BELLEAIR FL 34616

10. Name and Address of New Registered Agent
91 Name
92 Street Address (P.O. Box Number is Not Acceptable)
93
94 City FL 95 Zip Code

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 ____________ DATE ____

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	SIMONELLI, JOSEPH E.	
STREET ADDRESS	860 ELDORADO AVENUE	
CITY-ST-ZIP	CLEARWATER BEACH FL	
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

1.1 TITLE		☐ Change ☐ Add
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Add
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Add
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Add
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Add
5.2 NAME	800002184798	
5.3 STREET ADDRESS	-05/20/97--01033--048	
5.4 CITY-ST-ZIP	****165.00	
6.1 TITLE		☐ Change ☐ Add
6.2 NAME		
6.3 STREET ADDRESS	CS 5/8/97	
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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: Joseph Simonelli JOSEPH SIMONELLI 4/28/97 203-523-5523
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE