NAME

TITLE NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 Feb 12 1998 8:00am **PROFIT** ELORIDA DEPARTMENT DE STATE **CORPORATION** Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # J87324 (6) SIMPLER CORP. Principal Place of Business Mailing Address % THE INN COCOA BEACH % THE INN COCOA BEACH 4300 OCEAN BEACH BLVD. 4300 OCEAN BEACH BLVD. DO NOT WRITE IN THIS SPACE COCOA BEACH FL 32931 COCOA BEACH FL 32931 3. Date Incorporated or Qualified 08/14/1987 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For Not Applicable 21 59-2856142 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 Added to Fees Country 8. This corporation owes or has paid the current year Intangible Yes 29 Personal Property Tax due June 30. 24 25 g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name WELLER, WILLIAM 101 N ATLANTIC AVE 82 Street Address (P.O. Box Number is Not Acceptable) COCOA BCH FL 32931 83 84 City Zip Code 85 11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statules, 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** (NO11 : Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 11 TITLE NAME SIMPLER, KAREN P. 1.2 NAME 4300 OCEAN BEACH BLVD. 1.3 STREET ADDRESS STREET ADDRESS COCOA BEACH FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE 2.1 1IILE TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition 3.1 101LE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST - ZIP CITY-ST-ZIP Addition DELETE ☐ Change TITLE 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE DELETE 5.1 TITLE

14. Thereby 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

5.2 NAME 5.3 STREET ADDRESS

6.1 TITLE

6.2 NAME **6.3 STREET ADDRESS** 

DELETE

5.4 CITY - \$1 - 7IP

6.4 CITY - ST - ZIP

Change

Addition