Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90050 047 ***150.00

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Mailing Address

** THE IND COOCS DESIGN

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Kathe ine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # J87324 1. Corporation Name

SIMPLER CORP.

Principal P ace of Business

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

3. Date Incorporated or Qualifed 08/14/1987 2. Principal Place of Business 2a. Mailing Address 4. FEI Number		
2. Principal Place of Business 2a. Mailing Address 4. FEI Number		
	Ar	pilled For
21 26 59-2856142	No	ot Applicable
Suite Ant # etc.	□ \$8.75 / Fee Re	Additional equired
City & State City & State 6 Flectice Compaign Financing	_ \$5.00	_ ——— ∷ l∕lav Be
23 Trust Fund Contribution	,	to Fees
Zip Country Zip Country 8. This corporation owes the current	t vear Intangible	
24 25 29 30 Personal Property Tax	☐ Yes	□No
9. Name and Address of Current Registered Agent 10. Name and Address of New Reg	gistered Agent	-
81 Name		
WELLER, WILLIAM		
101 N ATLANTIC AVE 82 Street Address (P.O. Bo): Number is Not Acceptable	e)	
COCOA BCH FL 32931		
55007.25117.2 02501		
84 City	85 Zip	Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Stati tes, the above-named corporation submits this statement for the pu	FL G	
to the Class of Charles County and authorized by the corner tipe's heard of directors. I berehy accept the	he appointment as re	
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 agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.	ше аррошшем аз те	ec istered
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATUFE	DATE DATE	eçistered
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14. I heret y 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 change, or on an attachment with an address, with all other like empowered.

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6 3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

51 TITLE

5.2 NAME

6.1 TITLE

62 NAME

□ DELETE

□ DELETE

SIGNATURE:

☐ Change

☐ Change

Addition

☐ Addition