FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **156025** **(9)**

1. Corporation Name

SIMRO, INC.

Principal Place of Business	Mailing Address
C/O CAMP 19469 LOXAHATCHEE RV RD JUPITER FL 33458	19469 CAMP LANE JUPITER FL 33458 US

3. Date Incorporated or Qualified: **09/24/1948**
3a. Date of Last Report: **04/04/1995**

4. FEI Number: **59-0834565** ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21 1969 CAMP LANE
22 Suite, Apt. #, etc.
23 City & State
24 Zip
25 Country

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 Country

9. Name and Address of Current Registered Agent

CAMP, SYLVIA
19469 LOXAHATCHEE RIVER ROAD
JUPITER FL 33458

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Section 607.0502 and 607.1502, 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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☐ DELETE	1 TITLE	☐ Change ☐ Addition
NAME	CAMP, SYLVIA G MRS.		2 NAME	
STREET ADDRESS	19469 LOXAHATCHEE RV RD		3 STREET ADDRESS	
CITY-ST-ZIP	JUPITER FL		4 CITY ST ZIP	
TITLE	T	☐ DELETE	5 TITLE	☐ Change ☐ Addition
NAME	CAMP, SYLVIA G MRS.		6 NAME	
STREET ADDRESS	C/O 19469 LOXAHATCHEE RV		7 STREET ADDRESS	
CITY-ST-ZIP	JUPITER FL		8 CITY ST ZIP	
TITLE	VP	☐ DELETE	9 TITLE	☐ Change ☐ Addition
NAME	TASSELL, KIMBERLY		10 NAME	
STREET ADDRESS	C/O 19469 LOXAHATCHEE RIVER ROAD		11 STREET ADDRESS	
CITY-ST-ZIP	JUPITER FL		12 CITY ST ZIP	
TITLE	S	☐ DELETE	13 TITLE	☐ Change ☐ Addition
NAME	LATHE, GAY		14 NAME	
STREET ADDRESS	5738 PEACHWOOD ST.		15 STREET ADDRESS	
CITY-ST-ZIP	JUPITER FL		16 CITY ST ZIP	
TITLE		☐ DELETE	17 TITLE	☐ Change ☐ Addition
NAME			18 NAME	
STREET ADDRESS			19 STREET ADDRESS	
CITY-ST-ZIP			20 CITY ST ZIP	
TITLE		☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME			22 NAME	
STREET ADDRESS			23 STREET ADDRESS	
CITY-ST-ZIP			24 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is valid, current 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 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.

SIGNATURE: Sylvia Camp President 3/28/96 407-575-0557
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Telephone

CR2E034 (12/95)