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Apr 23, 1999 8:00 am  
Secretary of State

04-23-1999 90023 007 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 393223

1. Corporation Name  
SIMTEC, INC.

Principal Place of Business  
3600 STATE ROAD #520  
P.O. BOX 3883  
COCOA FL 32924-0883

Mailing Address  
3600 STATE ROAD #520  
P.O. BOX 3883  
COCOA FL 32924-0883

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/27/1971

4. FEI Number

59-1380106

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  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

WRIGHT, SCOTT  
175 E NASA BLVD  
SUITE 300  
MELBOURNE FL 32921

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 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DST ☐ DELETE  
NAME FISCHER, NANCY S.  
STREET ADDRESS RT. 1, BOX 374  
CITY-ST-ZIP HOPE HULL AL

TITLE VD ☐ DELETE  
NAME SIMICICH, JO ANNE  
STREET ADDRESS 100 VANNOY ST  
CITY-ST-ZIP GREENVILLE SC

TITLE CD ☐ DELETE  
NAME SIMICICH, ESPERANTO J  
STREET ADDRESS 4673 S FRIDAY CIRCLE  
CITY-ST-ZIP COCOA FL

TITLE D ☐ DELETE  
NAME PORTER, CARLA  
STREET ADDRESS 12982 JAMES MONROE HWY.  
CITY-ST-ZIP LEESBURG VA

TITLE PD ☐ DELETE  
NAME SIMICICH, STEVE  
STREET ADDRESS 11901 SW 91ST AVE.  
CITY-ST-ZIP MIAMI FL

TITLE SD ☐ DELETE  
NAME SMITH, GERALDINE S.  
STREET ADDRESS 1210 PINECREST DR.  
CITY-ST-ZIP ALPHARETTA GA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DST ☒ Change ☐ Addition  
1.2 NAME Fischer, Nancy S.  
1.3 STREET ADDRESS 14668 U.S. Hwy 31  
1.4 CITY-ST-ZIP Hope Hull, AL 36043

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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 attachment with an address, with all other like empowered.

SIGNATURE:

Nancy S. Fischer - Director 4/20/99 334/288-1995

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)