

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Aug 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
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DOCUMENT # **588455** (6)
1. Corporation Name
SIMAGRO, INCORPORATED



Principal Place of Business 1225 HAVENDALE BLVD NW APT 425 WINTER HAVEN FL 33881 US	Mailing Address 1225 HAVENDALE BLVD NW. APT 425 WINTER HAVEN FL 33881 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 5021 BARRINGTON CIR. Suite, Apt. #, etc. 22 City & State 23 SARASOTA FLA Zip 24 34234-3887 25 US	2a. Mailing Address 26 5021 BARRINGTON CIR Suite, Apt. #, etc. 27 City & State 28 SARASOTA FLA. Zip 29 34234-3887 30 US	3. Date Incorporated or Qualified 09/27/1978	3a. Date of Last Report 02/28/1996
		4. FEI Number 59-1852552	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent SIMANTON, ROSEMARY F. 1225 HAVENDALE BLVD. NW APT. 425 WINTER HAVEN FL 33881	10. Name and Address of New Registered Agent 81 Name SILVER, LINDA S. 82 Street Address (P.O. Box Number is Not Acceptable) 5021 BARRINGTON CIR 83 84 City SARASOTA FL 85 Zip Code 34234
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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 *Linda Silver* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SIMANTON, ROSEMARY F 1225 HAVENDALE BLVD, APT 425 WINTER HAVEN FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	PD SIMANTON, ROSEMARY F 1225 HAVENDALE BLVD APT 228 WINTER HAVEN FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SIMANTON, DONALD F 6 MEMORY LANE SEABROOK TX	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SILVER, LINDA 5021 BARRINGTON CIRCLE SARASOTA FL 82	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE *D. SIMANTON* 3 30 97 201 335 6633

CR2E034 (4/97)