

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

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 21 5021 BARRINGTON CIR, Suite, Apt. #, etc. 22 SARASOTA FLA 23 34234-3887 24 25 US  
 2a. Mailing Address: 26 5021 BARRINGTON CIR, Suite, Apt. #, etc. 27 SARASOTA FLA 28 34234-3887 29 30 US

3. Date Incorporated or Qualified: 09/27/1978  
 3a. Date of Last Report: 02/28/1996  
 4. FEI Number: 59-1852552  
 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 or has paid the current year Intangible Personal Property Tax due June 30.  Yes  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

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

CR2E034 (4/97)