

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.)


APPROVED  
AND  
FILED

1997 JUL 31 PM 12:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **617035**

(1)

1. Corporation Name

**M. SIMON & ASSOCIATES, P.A.**

Principal Place of Business

Mailing Address

**SUITE 402  
2701 E SUNRISE BLVD  
FT LAUDERDALE FL 33304**

**SUITE 402  
2701 E SUNRISE BLVD  
FT LAUDERDALE FL 33304**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

3a. Date of Last Report

**04/11/1979**

**03/26/1996**

4. FEI Number

Applied For

**59-1911409**

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing

☐

**\$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

**SIMON, MORRIS  
SUITE 402  
2701 E SUNRISE BLVD  
FT LAUDERDALE FL**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>SIMON, MORRIS</b>	
STREET ADDRESS	<b>2701 E SUNRISE BLVD</b>	
CITY-ST-ZIP	<b>FT LAUDERDALE FL</b>	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>800002260668-7</b>
1.3 STREET ADDRESS	<b>-08/07/97-01065-010</b>
1.4 CITY-ST-ZIP	<b>****165.00 ****165.00</b>

TITLE	<b>VS</b>	<input type="checkbox"/> DELETE
NAME	<b>SIMON, RICHARD</b>	
STREET ADDRESS	<b>2511 NW 98THERR</b>	
CITY-ST-ZIP	<b>CORAL SPRINGS FL</b>	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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, on an attachment with an address.

**Richard H. Simon**

CR2E034 (4/97)

2

**M. SIMON & ASSOCIATES, p.a.**

ARCHITECTS • PLANNERS • INTERIOR DESIGNERS

July 24, 1997

VIA: CERTIFIED MAIL  
RRR

Florida Department of State  
Division of Corporation  
Post Office Box 6327  
Tallahassee, Florida 32314

RE: M. Simon & Associates, P.A.  
2701 East Sunrise Blvd  
Fort Lauderdale, Florida 33304  
Document #617035 - 1997 Annual Report

Gentlemen:

Much to our surprise, we recently received a 1997 Profit Corporation Annual Report packet asking for a \$550.00 filing fee because of late filing.

In checking our records, we found that we had submitted a timely filing of this report on January 3rd, 1997 along with our check number 7203 for \$165.00. However our check has never clear the bank.

We spoke with a lady in your office named Jackie, who advised us to refile the report and submit another check for \$165.00.

Enclosed is our second executed report along with our second check for \$165.00 (number 7412). Also attached, for your records is a copy of our January 3, 1997 report and check.

Thank you for giving this matter your attention, and trusting the enclosed documents support our timely filing of the original report.

Respectfully,

M. SIMON & ASSOCIATES, P.A.

  
Dorothy O'Leary

DOL/hs  
Encl: