FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DIVISION O

Mailing Address

DOCUMENT # 617035

M. SIMON & ASSOCIATES, P.A.

Principal Place of Business

FILED

99 JUN 16 PM 1: 35

SECALIZAÇE ŞTATE

| 2701 E SUNRIS | | | | | | 1 | | | | | |
|---------------------------|--|--------------------|---|---------------------------|---|--|------------------------|---|--------------|----------------|--|
| FT LAUDERDAI | IDERDALE FL 33308 FT LAUDERDALE FL 33308 US | | | | | | DO NOT WRITE IN THIS | | | SPACE | |
| 03 | | US | • | | | | 1 | Date Incorporated or Qualifed 04/11/1979 | | | |
| 2. Principal P | 2. Principal Place of Business 2a. Mailing Ad | | | ng Address | | 4. | FEI Number | | Applied For | | |
| 21 | | 26 | 6 | | | | | 59-1911409 | | Not Applicable | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | | | | \$8.7 | 5 Additional | |
| 27 | | | | | | | 5. | Certificate of Status Desired | Fee | Required | |
| City & State City & State | | | City & State | | | | 6. | Election Campaign Financing | \$5.0 | OO May Be | |
| 23 | 23 | | | | | Trust Fund Contribution Added to Fees | | | | | |
| Zip | Country | Zip Country | | | | 8. This corporation owes the current year intangible | | | | | |
| 24 | 25 | 29 | 30 | | | | Personal Property Tax. | | | | |
| | 9. Name and Address o | f Current Regis | tered Agent | | | | 10. | Name and Address of New Registers | d Agent | | |
| 0114 | NI MARNIC | | | | B1 | Name | | | | | |
| 1 | SIMON, MORRIS | | | 1 | 82 Street Address (P.O. Box Number is Not Acceptable) | | | | | | |
| | I N E 32ND STREET | | | L | _ | | | | | | |
| | E SUNRISE BLVD | | | }* | 83 | | | | | | |
| , FIL | AUDERDALE FL 33308 | | | | 84 | City | | | . 85 Z | ip Code | |
| · . | | | | [| | Oity | | F | L " ~ | .p 5000 | |
| 11. Pursuant | to the provisions of Sections | 607.0502 and 6 | 07.1508, Florida Statute | s, the abo | ove | -named corpo | oration | submits this statement for the purpose | of changing | its registered | |
| agent. I a | egistered agent, or both, in the miliar with, and accept the | ne obligations of, | a. Such change was at Section 607.0505, Flor | utnonzed i rida Statut | oyι es. | ine corporation | n s Do | ard of directors. I hereby accept the app | iointment as | registereo | |
| SIGNATURE | · | | | | | | | | | | |
| DIGITATIONE | Signature, typed or printed name of reg | | | Registered A | gent | periuper equired | when re | oinstaling) DATE | | | |
| 12. | | ERS AND DIRE | | 13. | | · · · · · · · · · · · · · · · · · · · | A | ADDITIONS/CHANGES TO OFFICERS A | | | |
| TITLE | PD | | □ DELETE | 1.1 TITU | Ε | Į. | | | ☐ Chang | | |
| NAME | SIMON, MORRIS | | | 1.2 NAM | E | (| | | 237 | 5 | |
| STREET ADDRESS | 3344 N E 32ND STREE | | | 1.3 STR | EET. | ADDRESS | | -06/21/99 | | | |
| CITY-ST-ZIP | FT LAUDERDALE FL 33 | 308 | | 1.4 City | -\$1 | -ZIP | | ****550.00 | **** | | |
| YTTLE | V\$ | | ☐ DELETE | 2.1 TITL | Ē | | | | Chang | ge 🔲 Addition | |
| NAME | SIMON, RICHARD 22 | | | 22 NAM | Έ | | | | | } | |
| STREET ADDRESS | 2511 NW 98THTERR 23 | | | 2.3 STRI | EET | ADDRESS | | | | | |
| CITY-ST-ZIP | CORAL SPRINGS FL 2.4 | | | | (-ST | -ZIP | | | | | |
| TITLE | DELETE 31T | | | | : | [| . – | ···- | ☐ Chang | ge [] Addition | |
| NAME | | | | 3.2 NAM | E | - 1 | | | | | |
| STREET ADDRESS | | | | 3.3 STR | EET/ | ADDRESS | | | | | |
| CITY-ST-ZIP | | | | 34. CITY | -\$1 | - 2 IP | | | | | |
| TITLE | | | ☐ DELETE | 4.1 7/TLE | • | | | | ☐ Chang | e 🗍 Addition | |
| NAME | | | | 4.2 NAV | ΙE | 1 | | | | } | |
| STREET ADDRESS | | | | 4.3 STR | ET/ | ADDRESS | | | | | |
| CITY-ST-ZIP | | | | 4.4 CITY | - \$7- | ZIP | | | | | |
| TITLE | | | ☐ DELETE | 5 1 TITLE | : - | - [| | - | Chang | e 🔲 Addition | |
| NAME | | | | 5.2 NAM | Ē | [| | | | ļ | |
| STREET ADDRESS | | | | 5.3 STRE | ETA | ADDRESS | | | | } | |
| CITY-ST-ZIP | | | | 54 CITY | ST- | ZIP | | | | | |
| TITLE | | | ☐ DELETE | 6.1 TITLE | | | | | Chanc | e .☐ Addition | |
| NAME | | | | 6.2 NAMI | E | ļ | | | SP | ' · (| |
| STREET ADDRESS | | $\overline{}$ | | 6.3 STRE | ET/ | ADDRESS | | | • | , | |
| CITY-ST-ZIP | |) | | 6.4 C/TY | -5T- | ZIP | | | | ĺ | |

14. hereby certify that the information supplied with this filing does not require exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report of supplied ental 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 entabyered to execute this report as required by Chapter 507, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on article that my name appears in other like empowered.

SIGNATURE:

ATLINE AND TYPED OR PRINTED JULIE OF SIGNING OFFICER OR DIRECT

6/1/99 954-566-3100