SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS **DOCUMENT #** 698328 (2)SIMANCO REALTY COMPANY Principal Place of Business Mailing Address 304 PROGRESS ROAD 304 PROGRESS ROAD P.O. BOX 1404 P.O. BOX 1404 **AUBURNDALE FL 33823** AUBURNDALE FL 33823 3. Date Incorporated or Qualified 3a, Date of Last Report 08/07/1981 05/01/1995 2. Principal Place of Business 2a. Mailing Address 4 FELNumber Applied For 21 26 59-2129152 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation has liability for intangible tax under s. 199 032 24 25 29 30 Yes No Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BOOTH, SHEILA, WALSH **304 PROGRESS ROAD** 82 Street Address (P.O. Box Number is Not Acceptable) AUBURNDALE, FL 83 **AUBURNDALE FL 33823** 84 City 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printe financial fregistered agent and their applicable (NOTE: Progistered Agent's gratine required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. (3.6)TITLE DELETE PTD 1.1 TITLE Change NAME LEAVY, THOMAS, C 1.2 NAME **CR2E034** STREET ADDRESS 304 PROGRESS ROAD 1.3 STREET ADDRESS ABURNDALE FL CITY - ST - ZIP 14 C:TY - ST - ZIP DELETE TITLE VSD 21 TITLE Change Addition LEAVY, SHEILA, W NAME 304 PROGRESS RD STREET ADDRESS 2.3 STREET ADDRESS AUBURNDALE, FL 00000 CITY-ST-7IP 2 4 CITY - ST - ZIP THILE DELETE CD 3 I TITLE Change Addition WALSH, JAMES A. NAME 3 2 NAME 304 PROGRESS ROAD STREET ADDRESS 3.3 STREET ADDRESS ABURNDALE FL CITY-ST-ZIP 3.4 CITY-ST-ZIP THILE DELETE 4 1 Trice Change Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 44 CITY - ST-ZIP TITLE DELETE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CITY - ST - ZIP TITLE DELETE Change Addition 61 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(x). 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 617. Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

6-14-96 941-967-8566