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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F59960

(7)

SIMANCO INTERNATIONAL, INC.

	FILED
Jul 01	1997 8:00am
Secr	etary of State

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Principal Place of Business Mailing Address			T 1901/100 (10) Office 10/10 10/10 DAING DAING DON BADAN SADAN DIBAN DIBAN DAING 10/10/1						
304 PROGRESS ROAD PO BOX 1404 AUBURNDALE FL 33823		304 PROGRESS ROAD PO BOX 1404 AUBURNDALE FL 33823-1							
						3. Date Incorporated or Qualified 12/28/1981		ate of Last F 21/1996	Report
	lace of Business	2a. Mailing Address				4. FEI Number			pplied For
Sulte, Apt.	# 6/0	26 Suite, Apt. #, etc.				59-2150275			of Applicable
22	. #, dio.	27				5. Certificate of Status Desired		•	Additional equired
City & Stat	te	City & State				6. Election Campaign Financing	· ····· -·	\$5.00	May Be
23		28				Trust Fund Contribution			to Fees
Zip	Country	Zip	Cour	ntry		8. This corporation has liability for			s. 199.032,
24	25 9. Name and Address of Curre	nt Pegistered Agent	30			Florida Statutes L 10. Name and Address of New Re		No	
IEA	VEY, SHELIA W.	in Hegistered Agent		81	Name	IV. Name and Address of New No	Bistoren	Agent	·····
	PROGRESS RD.				0: 111	(0.0 b) N			
	JURNOALE FL 33823		ľ	82	Street Add	ress (P.O. Box Number is Not Acceptab	10)		
			Ī	83					
			-	84	City			85 Zip	Code
					_		<u>FL</u>	. ^	
office or agent. I a	to the provisions of Sections 607.05 registered agent, or both, in the Stati am familiar with, and accept the oblig	oz and 607.1506, Florida Stati e of Florida Such change was gations of, Section 607.0505, F	utes, me ao s authorized Florida Statu	by tes	the corpora : :	poration submits this statement for the patients board of directors. I hereby acception's	urpose o of the app	oointment as	ts registered registered
SIGNATURE	Signature, typed or printed name of registered ag	non) and title of anoticable (NC	OTF: Begislered	Anai	ni eigaelura ragui	red when reinstating)	DATE		
12.		ID DIRECTORS	13.	1.9(1)	ni agnotore rega	ADDITIONS/CHANGES TO OFFIC		DIRECTO	RS IN 12
TITLE	PTD	DELETE	1.1 TITU	F				Change	Addition
NAME	LEAVEY, THOMAS C.		1.2 NA	ME					
STREET ADDRESS	304 PROGRESS RD		13 STF	IEFT ,	ADDRESS				
CITY-ST-ZIP	AUBURNDALE, FL 00000	DELETE	1.4 CIT		T-ZIP			Change	Letter -
TITLE NAME	LEAVEY, SHELIA W.		2.1 TITU 2.2 NAM		}			☐ Change	Addition
STREET ADDRESS	304 PROGRESS RD.				ADDRESS				
CITY-ST-ZIP	AUBURNDALE FL		2.4 CII		ļ				
TITLE	0C	☐ DELETE	3.1 7170		., 2,,			☐ Change	Addition
NAME	WALSH, JAMES A.		3.2 NA	ΜE					
STREET ADDRESS	304 PROGRESS RD.		3.3 STF	RETA	ADDRESS				
CITY-ST-ZIP	AUBURNDALE FL		3.4. CI1		T-ZIP			F-1.2	
TITLE		☐ DELETE	4.1 TITE					☐ Change	Addition
NAME OVERT ADDRESS			4. 2 NA		1000000				
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP TITLE		DELETE	4.4 CIT		1 - ZIP			Change	Addition
NAME			5.2 NAM		ĺ				
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP			5.4 Cil			-			
TATLE		DELETE	6.1 THU					☐ Change	Addition
NAME	∀		6.2 NA	ИE					
STREET ADDRESS	· :				ADDRESS				
CITY-ST-ZIP	L		6.4 CIT	Y-\$T	r-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.

CIGNIATURE.

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Jun 26 - 9 7 941-967-8586