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FILED
Feb 12 1998 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H28415 (8)

1. Corporation Name
SIM-PAR, INC.

Principal Place of Business
12 MAHOE DRIVE SOUTH
PALM COAST FL 32137

Mailing Address
12 MAHOE DRIVE SOUTH
PALM COAST FL 32137



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 18 OCEAN DUNE CIRCLE Suite, Apt. #, etc. 22 City & State PALM COAST, FL Zip 32137 Country		2a. Mailing Address 26 18 OCEAN DUNE CIRCLE Suite, Apt. #, etc. 27 City & State PALM COAST, FL Zip 32137 Country		3. Date Incorporated or Qualified 11/02/1984	
				4. FEI Number 59-2520014 Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent ROSENBAUM, STAN 12 MAHOE DRIVE SOUTH PALM COAST FL 32137				10. Name and Address of New Registered Agent 81 Name ROSENBAUM, STAN 82 Street Address (P.O. Box Number is Not Acceptable) 18 OCEAN DUNE CIRCLE 83 84 City PALM COAST, FL 85 Zip Code 32137			
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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	PD	1.1 TITLE	
NAME	GEORGIOULIS, CONSTANTINE	1.2 NAME	
STREET ADDRESS	145 FLORIDA PARK DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	PALM COAST FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	
NAME	ROSENBAUM, STAN	2.2 NAME	
STREET ADDRESS	5 SHAWNEE TRAIL	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BEACH FL	2.4 CITY-ST-ZIP	
TITLE	I	3.1 TITLE	
NAME	GEORGIOULIS, IOANNIS	3.2 NAME	
STREET ADDRESS	145 FLORIDA PARK DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	PALM COAST FL	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 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 supplement to 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 officer 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 the instrument with my address.

SIGNATURE

[Signature]

CR2E034 (10/97)