FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 PROFIT + FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary & State 🤳 DIVISION OF CORPORATIONS 1996 H29403 (3)**DOCUMENT #** Corporation Name SIMON AND CHRIS. INC. Mailing Address Principal Place of Business 1858 RINGLING BLVD. 1858 RINGLING BLVD. SARASOTA FL 34236 SARASOTA FL 34236 3. Date Incorporated or Qualified 3a. Date of Last Report 04/28/1995 11/09/1984 Applied For 4. FEI Number 2a, Mailing Address 2. Principal Place of Business 59-2553314 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Suite, Apt. #, etc. Fee Required 27 22 \$5.00 May Be 6. Election Campaign Financing City & State City & State Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for intangible tax under s 199.032, Country Country Żφ Yes No Florida Statutes 29 30 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name Street Address (F.O. Box Number is Not Acceptable) GEBHARD, H.D. 1858 RINGLING BLVD. 83 SARASOTA FL 34236 Zip Code 85 84 City 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. DATE Signature, typed or protest name of registere hage of air differ hands whe ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. ☐ Change ☐ Addition DELETE 1 1 M.E TITLE 1.2 NAME MROTZEK, GUENTHER NAME 1055 GULF OF MEXICO DR 1.3 STREET ADDRESS STREET ADDRESS LONGBOAT KEY FL 1.4 CiTY - ST - ZIP CITY - ST - ZIP Change Addition DELETE 2 1 TITLE TIFLE 2.2 NAME MROTZEK, ANITA NAME 1055 GULF OF MEXICO DR 2.3 STREET ADDRESS STREET ADDRESS LONGBOAT KEY FL 2 4 CHY - ST- ZIP Addition CITY-ST-ZIP DELETE 3 1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 C-TY - ST - ZIP CITY-ST-ZIP ☐ Change ☐ Addition DELETE 4 1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY : \$1 - ZIP CITY - ST-2IP Change Addition DELETE 5 1 TILLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 2000017848규급。 -04/18/96--01009--036 5 4 CITY - ST - ZIP CITY - ST - ZIP DELETE 6 1 711tf 1 *** TITLE 6.2 NAME : NAME ***200.00 6.3 STREET ADDRESS STREET ADDRESS

14. If 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)(k). Florida Statutes. If 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 co-posation or the receiver or trusted empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name n attachment with an address. appears in Block 12 or Block 13 04-02- %

6 4 CITY - ST - ZIP

or PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

941 365-4617

CR2E034 (12/95)