

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

FILED

Apr 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **H69454** (7)

1. Corporation Name
SIMA INSURANCE INC.



Principal Place of Business 10063 RAMBLEWOOD DR. P.O. BOX 8753, CORAL SPRGS. FL. 33075 CORAL SPRINGS FL 33071	Mailing Address 10063 RAMBLEWOOD DR. P.O. BOX 8753, CORAL SPRGS. FL. 33075 CORAL SPRINGS FL 33071-6507
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3. Date Incorporated or Qualified 08/02/1985	3a. Date of Last Report 03/26/1996
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2. Principal Place of Business 21 4208 W. GULF DR. Suite, Apt. #, etc. 22 City & State 23 SANIBEL, FL. Zip 24 33957 25 LEE	2a. Mailing Address 26 P.O. BOX 1302 Suite, Apt. #, etc. 27 City & State 28 SANIBEL, FL. Zip 29 33957 30 LEE
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4. FEI Number 59-2577735	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

**FLINGS, INC.
3732 N.W. 18TH STREET
FT. LAUDERDALE FL 33311-4132**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
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. 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's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MUSTER, FREDERICK	1.2 NAME	
STREET ADDRESS	10063 RAMBLEWOOD DR	1.3 STREET ADDRESS	4208 W. GULF DR.
CITY-ST-ZIP	CORAL SPRINGS FL	1.4 CITY-ST-ZIP	SANIBEL, FL. 33957
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MUSTER, DIANE H	2.2 NAME	
STREET ADDRESS	10063 RAMBLEWOOD DR	2.3 STREET ADDRESS	4208 W. GULF DR.
CITY-ST-ZIP	CORAL SPRINGS FL	2.4 CITY-ST-ZIP	SANIBEL, FL. 33957
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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, unchanged, or on an attachment with an address.

SIGNATURE:

FREDERICK Z. MUSTER

4-8-97

941-395-0327

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0157269

CR2E034 (9/96)