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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **J61647** **(0)**

1. Corporation Name

ALLEN SIMS ENTERPRISES, INC.

Principal Place of Business	Mailing Address
% ED G. DE LUDE 103 E. LAUREN CT. FERN PARK FL 32730	% ED G. DE LUDE 103 E. LAUREN CT. FERN PARK FL 32730

3. Date Incorporated or Qualified: 03/13/1987
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business
21
Suite, Apt. #, etc.: 22 1868 CANNWOOD AVE
City & State: 23 ORLANDO, FL
Zip: 24 32818 Country: 25 ORANGE

2a. Mailing Address
26 % Philip A. Carlin
Suite, Apt. #, etc.: 27 345 E. SR 436 STE 101
City & State: 28 FERN PARK FL
Zip: 29 32730 Country: 30 SEMINOLE

4. FEI Number: 59-2790516 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

DE LUDE, ED G.
103 E. LAUREN ST.
FERN PARK FL 32730

10. Name and Address of New Registered Agent

81 Name: PHILIP A. CARLIN
82 Street Address (P.O. Box Number is Not Acceptable): 345 E. SR 436
83 SUITE 101
84 City: FERN PARK FL 85 Zip Code: 32730

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] Philip A. Carlin 1/17/96
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SIMS, ALLEN JR 1868 CARNONWOOD AVE ORLANDO FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP		☒ Change ☐ Addition
				1868 CANNONWOOD AVE ORLANDO FL 32818	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD SIMS, ALICA 1868 CANNONWOOD AVE ORLANDO FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☒ Change ☐ Addition
				32818	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S CARR, DAVID 1868 CANNON WOOD AVE. ORLANDO FL	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☒ Change ☐ Addition
				[illegible]	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (12/95)

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)(k), 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.

SIGNATURE: [signature] Allen Sims Jr 1/17/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #