


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

FILED
Apr 21 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 # K22706 (1) 1. Corporation Name SIMS CORPORATION					
Principal Place of Business % JAMES V. SIMS 6500 S.W. 5TH ST PEMBROKE PINES FL 33020-1226			Mailing Address % JAMES V. SIMS 6500 S.W. 5TH ST PEMBROKE PINES FL 33023-1226		
2. Principal Place of Business 21 1030 SW 66 AVE Suite, Apt. #, etc. 22 City & State 23 Zip 24 33024 Country BROWARD		2a. Mailing Address 26 1030 SW 66 AVE Suite, Apt. #, etc. 27 City & State 28 Zip 29 33024 Country BROWARD		3. Date Incorporated or Qualified 04/29/1988 4. FEI Number 65-0046036 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 SIMS, JAMES V. 6500 S.W. 5TH ST PEMBROKE PINES FL 33024 NEW ADDRESS				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 1030 SW 66 AVE 83 33023 84 City PEMBROKE PINES FL 85 Zip Code 33023	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE			
S SIMS, JAMES V. 6500 S.W. 5TH ST PEMBROKE PINES FL					
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE			
T SIMS, RALPH 7741 W. PANAMA ST MIRAMAR FL 33023					
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE			
P SIMS, ROBERT F. 5801 W. 10 AVENUE MIAMI FL					
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
1.2 NAME					
1.3 STREET ADDRESS		1030 SW 66 AVE 33023			
1.4 CITY - ST - ZIP		PEMBROKE PINES 33024			
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
2.2 NAME					
2.3 STREET ADDRESS		33023			
2.4 CITY - ST - ZIP		33023			
3.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
3.2 NAME					
3.3 STREET ADDRESS		33012			
3.4 CITY - ST - ZIP		HALEAH, FL 33011			
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY - ST - ZIP					
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY - ST - ZIP					
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
6.2 NAME					
6.3 STREET ADDRESS					
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 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: _____ 4/14/98 305-620-5797					



DO NOT WRITE IN THIS SPACE

CR2E034 (10/97)