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CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 30 AM 9:45

DOCUMENT # **K43230** **(7)**

1. Corporation Name
H. E. J. SIMON & SONS, INCORPORATED

Principal Place of Business	Mailing Address
D/B/A CROSSROADS TRAVEL 14 CROSSROADS PLAZA SARASOTA FL 34239	D/B/A CROSSROADS TRAVEL 14 CROSSROADS PLAZA SARASOTA FL 34239

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 4017 78 DRIVE EAST	26 4017 DRIVE EAST
Suite, Apt. #, etc. 22 P.O.B. 246	Suite, Apt. #, etc. 27 P.O. B. 246
City & State 23 SARASOTA, FLORIDA	City & State 28 SARASOTA, FLORIDA
Zip 24 34230 Country 25 SARASOTA	Zip 29 34230 Country 30 SARASOTA

3. Date Incorporated or Qualified: 11/02/1988
3a. Date of Last Report: 04/22/1994
4. FEI Number: 65-0084259 ☐ 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
7. This corporation has elected to be governed by Chapter 617, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

SIMON, HENRI E. J.
14 CROSSROADS PLAZA
SARASOTA FL 34239

10. Name and Address of New Registered Agent

81 Name: SIMON, HENRI E.J.
82 Street Address (P.O. Box Number is Not Acceptable): 4017 78 DRIVE EAST
83
84 City: SARASOTA FL 85 Zip Code: 34230

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 the date as to the registered agent's signature required when resigning) (Registered Agent 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	DPS SIMON, HENRI E. J. 14 CROSSROADS PLAZA SARASOTA FL	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY ST ZIP	DPS SIMON, HENRI E.J. 4017 78 DRIVE EAST SARASOTA FL 34230	☑ Change OF ADDRESS ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	DV SIMON, ROBERT 14 CROSSROADS PLAZA SARASOTA FL	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY ST ZIP	DV SIMON, ROBERT 4017 78 DRIVE EAST SARASOTA FL 34230	☑ Change OF ADDRESS ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	DV SIMON, RONALD 14 CROSSROADS PLAZA SARASOTA FL	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY ST ZIP	DV SIMON, RONALD 4017 78 DRIVE EAST SARASOTA FL 34230	☑ Change OF ADDRESS ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	DT SIMON, ROGER 14 CROSSROADS PLAZA SARASOTA FL	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY ST ZIP	DT SIMON, ROGER 4017 78 DRIVE EAST SARASOTA FL 34230	☑ Change OF ADDRESS ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY ST ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY ST ZIP		☐ Change ☐ Addition

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)(i), Florida Statutes. I further certify that the information indicated on this 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, added or deleted.

SIGNATURE: [signature] HENRI . E. SIMON 6/26/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

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