

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

FILED
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90092 038 ***150.00

0466016

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # K59643

1. Corporation Name
SIMPSON LAWRENCE USA, INC.



Principal Place of Business
 6208 28TH STREET EAST
 101 E KENNEDY BLVD #2500
 BRADENTON FL 34203-5301
 US

Mailing Address
 6208 28TH STREET EAST
 BRADENTON FL 34203-5301
 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/19/1989	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0096820	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
GORDON, BRUCE H 101 E KENNEDY BLVD #2800 PO BOX 172609 TAMPA FL 33672-0609				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE	PD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	CHAMERS, NICOLAS O			1.2 NAME	STEVEN E PALEY		
STREET ADDRESS	218/228 EDMISTON DR			1.3 STREET ADDRESS	6208 28th STREET EAST		
CITY-ST-ZIP	GLASGOW G51 2			1.4 CITY-ST-ZIP	BRADENTON, FL		
TITLE	PD	<input type="checkbox"/> DELETE		2.1 TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BRAINE, BRIAN			2.2 NAME	BRAINE, BRIAN		
STREET ADDRESS	6208 28TH STREET EAST			2.3 STREET ADDRESS	6208 28th STREET EAST		
CITY-ST-ZIP	BRADENTON FL			2.4 CITY-ST-ZIP	BRADENTON, FL		
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE	VPJ	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	KENT, A.C.E.			3.2 NAME	THOMAS H. FLEMING, JR		
STREET ADDRESS	218/228 EDMISTON DR.			3.3 STREET ADDRESS	6208 28th STREET EAST		
CITY-ST-ZIP	GLASGOW G5			3.4 CITY-ST-ZIP	BRADENTON, FL		
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MACMILLAN, ARTHUR			4.2 NAME			
STREET ADDRESS	218/228 EDMISTON AVE			4.3 STREET ADDRESS			
CITY-ST-ZIP	GLASGOW G51 2			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 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, with all other like empowered.

SIGNATURE: Steven E. Paley **STEVEN E. PALEY** 4/24/99 941.753.7533
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (1/198)