

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

FILED
Apr 06, 1999 8:00 am
Secretary of State

04-06-1999 90060 049 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L64439					
1. Corporation Name SIMONE CLEANING SERVICE INC.					
Principal Place of Business % ROBERT LEE FIELDER 219 SPRING GARDEN ROAD SEBRING FL 33870			Mailing Address % ROBERT LEE FIELDER 219 SPRING GARDEN ROAD SEBRING FL 33870		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		04/09/1990	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3008835	
City & State		City & State		Applied For	
23		28		Not Applicable	
Zip		Zip		5. Certificate of Status Desired	
24		29		8.75 Additional Fee Required	
Country		Country		6. Election Campaign Financing	
25		30		Trust Fund Contribution	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent			
FIELDER, ROBERT LEE 219 SPRING GARDEN ROAD SEBRING FL 33870		81 Name			
		82 Street Address (P.O. Box Number is Not Acceptable)			
		83			
		84 City			
		FL 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 <i>Robert Lee Fielder Pres.</i> DATE 4-1-99					
(NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE D FIELDER, ROBERT LEE			1.1 TITLE		
NAME FIELDER, ROBERT LEE			1.2 NAME		
STREET ADDRESS DPS			1.3 STREET ADDRESS		
CITY-ST-ZIP SEBRING FL			1.4 CITY-ST-ZIP		
TITLE S FIELDER, ROBERT LEE			2.1 TITLE		
NAME FIELDER, ROBERT LEE			2.2 NAME		
STREET ADDRESS 219 SPRING GARDEN RD.			2.3 STREET ADDRESS		
CITY-ST-ZIP SEBRING FL			2.4 CITY-ST-ZIP		
TITLE VDM FIELDER, SIMONE C.			3.1 TITLE		
NAME FIELDER, SIMONE C.			3.2 NAME		
STREET ADDRESS 219 SPRING GARDEN RD.			3.3 STREET ADDRESS		
CITY-ST-ZIP SEBRING FL			3.4 CITY-ST-ZIP		
TITLE			4.1 TITLE		
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE			5.1 TITLE		
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE			6.1 TITLE		
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: *Robert Lee Fielder* REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-1-99 941-382-1217

CR2E034 (11/98)

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