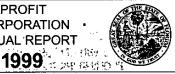
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M02951

1. Corporation Name

THE DE	SIMONE CORPORATION				
				I A range na aki ar ang akang kangu diabah kian	81811 81811 81811 81811 81811 81811 81811 1888
Principal Plac	e of Business	Mailing Address		1 14810011 IST 00110 ISD19 10101 01101 ISB1	ANDSI ASANC ALARI ANASI ANASI ANASI CIBIC SEBI
200 S. BEL AIF	R DR.	200 S. BEL AIR DR.			•
PLANTATION FL 33317 PLANTATION FL 33317			DO NOT WRITE IN	THIS SPACE	
	•			3. Date Incorporated or Qualifed	THIS SPACE
				07/19/1984	
2 Principal P	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-2426545	Not Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.	· , · · ·		\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & Stat	te	City & State		6. Election Campaign Financing	\$5.00 May Be
23	•	28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current ye	ar Intangible
24	25	29	30	Personal Property Tax.	☐ Yes ☐ No
	9. Name and Address of Curren			10. Name and Address of New Regist	ered Agent
· DE0	MONT OR FINIO H		81 Name		
	IMONE,SR.,EMILIO M. S. BEL AIR DRIVE		82 Street Ad	dress (P.O. Box Number is Not Acceptable)	
				<u> </u>	<u> </u>
PLA	NTATION FL 33317		83		4-17 李玉的"鹅藤"
*	, w		84 City		85 Zip Code
14 1 18 1 4 18	n, pe je	y en en en en en en	1 1	and the second second second	<u>FL </u>
		2 2 007 4000 [[[]-]- 04-4-4			
11. Pursuant	to,the provisions of Sections 607.050.	z and 607.1506, Piorida Statut of Florida, Such change was at	es, the above-hamed co uthorized by the comora	rporation submits this statement for the purpo- tion's board of directors: I hereby accept the a	se or changing its registered
office or r agent. I a	to the provisions of Sections 607.050. egistered agent, or both, in the State of the familiar with, and accept the obligation	of Florida. Such change was a tions of, Section 607.0505, Flo	es, the above-named co uthorized by the corpora rida Statutes.	rporation submits this statement for the purporation's board of directors. I hereby accept the	se or changing its registered
	(พ.ศ. ค.ศ. ค.ศ. พระวัด เพียงสารสาชาว			rporation submits this statement for the purpo tion's board of directors: I hereby accept the a	<u> </u>
SIGNATURE	Signature, typed or printed name of registered agent	nt and title if applicable. (NOTE:	Registered Agent signature requ	ired when reinstating) , DA	TE
SIGNATURE:	Signature, typed or printed name of registered agen	nt and title if applicable. (NOTE:	Registered Agent signature requ	ired when reinstating) , DA DOTTIONS/CHANGES TO OFFICER	TE S AND DIRECTORS IN 12
SIGNATURE:	Signature, typed or printed name of registered egen	nt and title if applicable. (NOTE:	Registered Agent signature required 13.	ired when reinstating) , DA	TE :
SIGNATURE: 12. TITLE NAME	Signature, typed or printed name of registered egen OFFICERS AN PD DESIMONE SR, EMILIO M	nt and title if applicable. (NOTE:	13. 1.1 TITLE 1.2 NAME	ired when reinstating) , DA DOTTIONS/CHANGES TO OFFICER	TE S AND DIRECTORS IN 12
12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered egen OFFICERS AN PD DESIMONE SR, EMILIO M 200 S. BEL AIR DRIVE	nt and title if applicable. (NOTE:	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	ired when reinstating) , DA DOTTIONS/CHANGES TO OFFICER	TE S AND DIRECTORS IN 12
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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 of 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZiP

FILED

Jan 21, 1999 8:00am

Secretary of State 01-21-1999 90076 040 ***150.00