## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

(4)

SIM-TEX INDUSTRIES, INC.

**FILED** Jul 22 1998 8:00am Secretary of State

1 (00)0011 (II) (0010 )	(8(8 1844 8(38) IŞI	( <b>B</b> iðið Bi <b>b</b> il ðiðið	# FO     O   E   F   B   D       O   D

Principal Plac	e of Business	Mailing Address			
6826 NW 77TH MIAMI FL 3316		6826 NW 77TH CT MIAMI FL 33166			
US		US		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified 03/16/1988	
	lace of Business	2a. Mailing Address		4. FEI Number Applied For	
<u> </u>	+ NW77 COURT	26 COXAT N/ 13)	T) COULI	65-0069340 Not Applicable	
Suite, Apt.	#. etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional Fee Regulred	
City & Stat	6	City & State	-1	6. Election Campaign Financing \$5.00 May Be	
	ALL FLORIDA	28 WANLL	HORDA	Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year intangible	
24 831			10	Personal Property Tax due June 30. X Yes No	
OHA	9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Registered Agent	
	MON\$, JACQUELINE		Of Ivalles .	SIMMONS JACQUELINE	
1	B NW 77 CT MI FL 33166		82 Street Ac	ddress (P.O. Box Number is Not Acceptable)	
MICA	MI LE 33100		83	SHE TOW THE CODE!	
1					
			84 City	MUANU FL 85 Zip Code	
11. Pursuant	to the provisions of sections 607.0502	and 607.1508, Florida Statutes,	the above-named cor	poration submits this statement for the purpose of changing its registered	
				ation'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					
L	Signature, typod or printed name of registered agent i		Registered Agent signature		
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SIMMONS, JOSEPH	L] DELETE		E WINDOWS 11 OSEPH ASSOCIATION	
NAME STREET ADDRESS	6826 77TH CT		1.2 NAME 1.3 STREET ADDRESS	6844 NW 77th COURT	
CITY-ST-ZIP	MIÂMI FL		1.4 CITY-ST-ZIP	MIANE, R.	
TITLE	DSV	DELETE	21 TITLE	[A] a [A	
NAME	SIMMONS, JACQUELINE	L. Dett. ic	2.2 NAME	MMONS JACQUELINE	
STREET ADDRESS	6826 77TH CT		2.3 STREET ADDRESS	GALL NOOTH COURT	
CITY-ST-ZIP	MIÁMI FL		2.4 CITY-ST-ZIP	HEARLY FL	
TITLE		DELETE	3.1 TITLE	Change Addition	
NAME			3.2 NAME		
STREET ADDRESS	•		3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZiP		
TITLE		DELETE	4.1 TITLE	Change Addition	
NAME STREET ANNAESS			4.2 NAME		
STREET ADDRESS S			4.3 STREET ADDRESS 4.4 City-St-Zip		
TITLE		DELETE	5.1 TITLE	Change Addition	
NAME			5.2 NAME	Creatige Addition	
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE	Change Addition	
NAME			6.2 NAME	• <del></del>	
STREET ADDRESS			6.3 STREET ADDRESS	•	
CITY-ST-ZIP			6.4 CITY-ST-ZIP		
I 14 I hereby ca	artify that the Information supplied with the	his tiling dage not qualify for the	evention stated in a	section 119 07(3)(i) Florida Statutes I further certify that the information	

Interest certify that the information supplied with this filling does not quality for the exemption stated in section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under each; that I am an officer or director of the copyrigation 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 the atlantment with an address.