

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

FILED

May 14 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P37398** (5)
1. Corporation Name
SIMS COMMUNICATIONS INC.



Principal Place of Business 3333 S. CONGRESS AVENUE STE. 401 DELRAY BEACH FL 33445 US	Mailing Address 3333 S. CONGRESS AVENUE STE. 401 DELRAY BEACH FL 33445 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 4551 N. Dixie Hwy. Suite, Apt. #, etc		2a. Mailing Address 26 4551 N. Dixie Hwy. Suite, Apt. #, etc		3. Date Incorporated or Qualified 02/06/1992	
22 City & State Boca Raton, FL		27 City & State Boca Raton, FL		4. FEI Number 65-0287558	
23 Zip 33431		28 Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 33431		29 33431		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25 USA		30 USA		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

**MARKS, DONALD M.
3333 S. CONGRESS AVENUE, STE. 401
DELRAY BEACH FL 33445**

81 Name Bruce Schames
82 Street Address (P.O. Box Number is Not Acceptable) 4551 N. Dixie Hwy.
83 City Boca Raton
84 Zip Code FL 33431

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 *Bruce Schames* DATE **3/27/98**
Signature, typed or printed name of registered agent and to whom applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CDV MARKS, DONALD M. 5994 GLENDALE DR. BOCA RATON FL <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	DD mark Bennett 17821 Skypark Circle, Suite G Irvine, CA 92614 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDC LEINER, MELVIN 4860 NW 65TH AVE. LAUDERHILL FL <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	VD michael malet 17821 Skypark Circle, Suite G Irvine, CA 92614 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD CAPRIO, JAMES J. 4890 NW 65 AVE. LAUDERHILL FL <input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	CFO Bruce Schames 1133 NW 15th Coral Springs FL 33071 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MARKS, DARREN M. 22809 MARBELLA CIR. BOCA RATON FL <input checked="" type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: *[Signature]*

CR2E034 (10/97)