## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**PROFIT** CORPORATION ANNUAL REPORT

1999

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT #

1. Corporation Name

SIMS COMMUNICATIONS INC.

Mailing Address

**FILED** Jul 14, 1999 8:00 am Secretary of State

07-14-1999 90002 013 \*\*\*550.00

>87585 - 90002 - 13 <sup>™</sup>



4551 N DIXIE HWY BOCA RATON FL 33431 US		4551 N DIXIE HWY BOCA RATON FL 33431 US		DO NOT WRITE IN THIS SPACE		
				<ol> <li>Date Incorporated or Qualified</li> <li>02/06/1992</li> </ol>		
Principal Place of Business     2a. Mailing Address			Ross	4. FEI Number	Applied For	
21 1801 Cowan Road 26 18001 Cowan			עווטאו ע	65-0287558	Not Applicable	
Suite, Apt. #, etc.  27 # C  27 # C				5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State  23 TRVINE CA  28 TRVINE CA				Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip Q 26		<del>  </del>	OULS, A.	This corporation owes the current ye     Intangible Personal Property.	Yes X No	
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent						
CHANGE PRINCE 81 Name TRACEY OLSZEWSKI						
SHAMES, BRUCE				82 Street Address (P.O. Box Number is Not Acceptable)		
131C				WEST CAMIND REAL		
4551 N DIXIE HWY				SUITE 202		
BOCA RATON FL 33431				30CA RATON	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 Lam familiar with and accept the obligations of section 607.0505. Florida Statutes.						
SIGNATURE TRACEY OLSZEWSKI MANAGER OF REGULATORY ADMINISTRATION 7/799  Signature, typed for printed name of registered agent and tide if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE						
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICER	RS AND DIRECTORS IN 12	
TITLE	PD	DELETE	1.1 TITLE	PRESIDENT PD	Change Addition	
NAME	BENNETT, MARK		1.2 NAME	!	<b>7</b>	
STREET ADDRESS	ATALA GIAMPATIA GIRGUE GUETE G			18001 COWAN RD SUITEC		
CITY-ST-ZIP	IRVINE CA 92614	•	1.4 CITY-ST-ZiP	IRVINE CA 92614		
TITLE	VD	DELETE	2.1 TITLE	VD	Change Addition	
NAME	MALET, MICHAEL		2.2 NAME	••-	,	
STREET ADDRESS	17821 SKYPARK CIRCLE, SUITI	E G	2.3 STREET ADDRESS	18001 COWAN RD SUITE C	1	
CITY-ST-ZIP	IRVINE CA 92614		2.4 CITY-ST-ZIP	IRVINE CA 92614		
TITLE	CEO	DELETE	3.1 TITLE		Change Addition	
NAME	SHAMES, BRUCE		3.2 NAME		1	
STREET ADDRESS	9133 NW 1ST		3.3 STREET ADDRESS			
CITY-ST-ZIP	CORAL SPRINGS FL 33071		3.4 CITY-ST-ZIP			
TITLE		DELETE	4.1 TITLE		Change Addition	
NAME			4.2 NAME		}	
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		DELETE	5.1 TITLE		Change Addition	
NAME			5.2 NAME			
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			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP			6.4 CITY-ST-ZIP			
14. I hereby ce	ertify that the information supplied with the	his filing does not Walify for the	exemption stated in	n section 119.07(3)(i), Florida Statutes. I further o	ertify that the information	

indicated on this annual report or supplemental annual people 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 attackment with an address.

SIGNATURE: