

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P92000012053 (4)**

1. Corporation Name

SIMONSON & ASSOCIATES, P.A.



Principal Place of Business

Mailing Address

500 SE 17TH ST
222
FT LAUDERDALE FL 33316
US

PO BOX 220194
HOLLYWOOD FL 33022
US

3. Date Incorporated or Qualified

12/11/1992

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 500 SE 17 Street

26 Suite, Apt. #, etc.

22 228

27 Suite, Apt. #, etc.

23 Ft. Lauderdale FL

28 City & State

24 33316

Country

29 Zip

Country

30

4. FEI Number

65-0380375

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SIMONSON, RICHARD H
931 HARRISON ST
HOLLYWOOD FL 33022

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

D
SIMONSON, RICHARD H
931 HARRISON ST
HOLLYWOOD FL 33022

1.1 TITLE

☐ Change ☐ Addition

NAME
STREET ADDRESS

1.2 NAME

1.3 STREET ADDRESS

CITY-ST-ZIP

1.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS

2.1 TITLE

☐ Change ☐ Addition

CITY-ST-ZIP

2.2 NAME

2.3 STREET ADDRESS

TITLE ☐ DELETE

NAME
STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change ☐ Addition

CITY-ST-ZIP

3.2 NAME

3.3 STREET ADDRESS

TITLE ☐ DELETE

NAME
STREET ADDRESS

4.1 TITLE

☐ Change ☐ Addition

CITY-ST-ZIP

4.2 NAME

4.3 STREET ADDRESS

TITLE ☐ DELETE

NAME
STREET ADDRESS

5.1 TITLE

☐ Change ☐ Addition

CITY-ST-ZIP

5.2 NAME

5.3 STREET ADDRESS

TITLE ☐ DELETE

NAME
STREET ADDRESS

6.1 TITLE

☐ Change ☐ Addition

CITY-ST-ZIP

6.2 NAME

6.3 STREET ADDRESS

CITY-ST-ZIP

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 in an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)