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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P93000016267 (5) DOCUMENT # P9300016267

SIMONTON WORLDWIDE TRADING CORPORATION

FILED Feb 03 1998 8:00am Secretary of State



| Principal Place of Business Mailing Address | | | | | | | | | | |
|---|------------------------------------|-----------------|---------------------------------------|---------------------|---|----------|---|-----------------|---|---|
| TAVERMIER FL 33070 K | | | | | 7 MUTINY PL KEY LARGO FL 33037 US | | | | | DO NOT WRITE IN THIS SPACE |
| | | | | | | | | | | 3. Date Incorporated or Qualified 02/26/1993 |
| 2. Principal P | lace of Busine | 28 | 28. Mailing Address 26. 549 PLANTE ST | | | | | | A FFI klumbos | |
| 21 | | | | 26 549 PLAN | | | | | ~ | 65-0471213 Not Applicable |
| Suite, Apt. #, etc. | | | | Suite, Apt. #, etc. | | | | | | 5. Certificate of Status Desired See Required Fee Required |
| City & State | | | | 28 KEY LARGO FL | | | | | | 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees |
| Zíp | Country | Zip Country | | | | | | | 8. This corporation owes or has paid the current year Intangible | |
| | | 25 | 29 | | | | | 7· _ | | Personal Property Tax due June 30. Yes No |
| 9, Name and Address of Current Registered Agent JAMES S LUPINO, P. A. 81 Name | | | | | | | | | 10. Name and Address of New Registered Agent | |
| | | | | | | | " | Ivame | | : |
| | 1130 OLD HI V ERM IER FI | | | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | |
| I A | ACMAICH LI | | | | | 83 | 83 | | | |
| | | | | | | | ١ | 1 | | |
| | | | | | | | 84 | City | | FL 85 Zip Code |
| 11 Pursuant | to the provision | ons of Sections | 607 0502 and | 607 1508 | Elorida Stat | utes the | ahov | /e-named | corno | |
| 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 registored agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE | | | | | | | | | | |
| 12. | Signature, typed o | | ND DIRECTORS 13 | | | | en signature | requirea | ed when reinstating! DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE | D | | LITTO FILED DIFFE | | DELETE | _ | TITLE | | | Change Addition |
| NAME | MORSE, | GARY K | | | | 13 | 2 NAME | | | |
| | STREET ADDRESS 549 PLANTE ST | | | 1.3 STREET ADDRESS | | | | | | |
| CITY-ST-ZIP | KEY LAF | rgo Fl | | | | | CITY- | ST-ZIP | | |
| TITLE | | | | | DELETE | | TITLE | | | ☐ Change ☐ Addition |
| NAME | | | | | | 22 | NAME | | | |
| STREET ADDRESS | | | | | | 2.3 | 2.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | 2.4 | | | | 2. 4 CITY - ST - ZIP | | | |
| TITLE | | | | DELETE 3.1 | | | | 3.1 TITLE | | Change Addition |
| NAME | | | | | | 3.2 | NAME | İ | | |
| STREET ADDRESS | | | | | | 3.3 | STREE | T ADDRESS | | |
| CITY-ST-ZIP | | | | | | 3.4 | I. CITY- | ST-ZIP | | |
| TITLE | | | | | DELETE | 4.1 | TITLE | | | ☐ Change ☐ Addition ☐ |
| NAME | | | | | | 4.3 | 2 NAME | ļ | ı | |
| STREET ADDRESS | | | | | | 4.3 | STREE | t address | | |
| CITY-ST-ZIP | | | | | | | CITY - ! | ST-ZIP | | |
| TITLÉ | | | | L | DELET e | | TITLE | | | Change Addition |
| NAME | | | | | | | NAME | | | |
| STREET ADDRESS | | | | | 5.3 STREET ADDRESS | | | | | |
| CITY-ST-ZIP | | | | | DELETE | _ | City-S | ST-ZIP | | D Ottom |
| TITLE | | | | DELETE 6.1 TO | | | | | | [_] Change [_] Addition |
| NAME | | | | | | | NAME | | | |
| STREET ADDRESS | | | | | | | | T ADDRESS | | |
| CITY-ST-ZIP | | | and and and | 10 | | 6.4 | CITY-S | ST-ZIP | 1: 5 | Cooking 440.07/20/0 Florida Chabata Liferation and the table information |

I nereby 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 informatio indicated on this ennual 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, 2000 an attachment with an address.