PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P93000033369

1. Corporation Name

SIMPLE FINANCIAL SOLUTIONS, INC.

Principal Place of Business		Mailing Address			
5777 BENEVA R	ID. S.	5777 BENEVA RD. S.			
UNIT 14		UNIT 14			DO NOT WRITE IN THIS SPACE
SARASOTA FL 34233		SARASOTA FL 34233 US			3. Date Incorporated or Qualifed
US		03			05/07/1993
0 D/1/2 ALDI		20 Mailing Address			4. FEI Number Applied For
⊢ '	ace of Business		2a. Mailing Address		65-0420811 Not Applicable
21		Suite, Apt. #, etc.			\$8.75 Additional
Suite, Apt. #, etc.					5. Certifcate of Status Desired Fee Required
22 2 2		City & State	City & State		6. Election Campaign Financing \$5.00 May Be
23		28			Trust Fund Contribution Added to Fees
Zip Country		Zip Country		,	This corporation owes the current year Intangible
24	25	29 30			Personal Property Tax.
	9. Name and Address of Curren		<u> </u>		10. Name and Address of New Registered Agent
3. Haire and Address of Content Registered Agent				Name	
PRE\	NETT, DANIEL				(DOD D. M. Janes Cable)
1	BENEVA RD. S.	82 Street Ad		Street	Address (P.O. Box Number is Not Acceptable)
SARASOTA FL 34233			83		A STATE OF THE STA
]			84	City	FL 85 Zip Code
				L.,	
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				nt signature n	equired when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.		ID DIRECTORS	13. 1.1 TITLE		ABBITIONS/CHANGES TO OFFICERS AND BIRECTOR'S IN 12
ΠυΓΕ	DTP	Deterc			
NAME	SCOTT, ALLAN		1.2 NAME		
STREET ADDRESS	OADAGOTA EL DAGGO			T ADDRESS	
CITY-ST-ZiP			1.4 CITY-S	T-ZIP	[] Change [] Addition
TITLE	10		2.1 TITLE		Guinage Grann
NAME	THE TELL IS NOT THE E		2.2 NAME		
STREET ADDRESS			1	TADORESS	
CITY-ST-ZiP			2.4 CITY-	ST-ZIP	Change Addition
TITLE			3.1 TITLE		
NAME	GEORGE, ELIZABETH		3.2 NAME		
STREET ADDRESS	THE CHILDREN		3.3 STREE	TADDRESS	
C/TY-ST-Z)P			3.4. CITY-5	3T-73P	
TITLE		☐ DELETE	4.1 TITLE	,	Change Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREE	TADDRESS	
CITY-ST-ZIP	2		4.4 CITY-5	T-ZIP	
⊞LÉ		☐ DELETE	5.1 TITLE		Change Addition
NAME		!	5.2 NAME		
STREET ADDRESS			5.3 STREE	TADORESS	
CITY-ST-ZIP			5.4 CITY-9	T-ZIP	
TILE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREE	TADDRESS	
CITY-ST-ZIP			6.4 CITY- S	T-ZIP	

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 suppliemental 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, with all other like empowered.

SIGNATURE:

Daytime Phone #

FILED Apr 07, 1999 8:00 am Secretary of State

04-07-1999 90071 012 ***150.00