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

CORPORATION ANNUAL REPORT



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

BOURT

Country

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Name ToHM

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1996 DOCUMENT #

P93000061676 (1)

S.I.M.I., INC.

Fainchet	Place of	Business

Mailing Address

2a. Mailing Address

City & State

Zip

9. Name and Address of Current Registered Agent

29 32920

26 318 LINDSEY

Suite, Apt. #, etc

28 CAPE CAMAVERAL

904 BEACH BREEZE DRIVE ORLANDO FL 32835

2. Principal Place of Business

Suite, Apt. #, etc

City & State

Zφ

05958 45

21 318 LINDSEY COURT

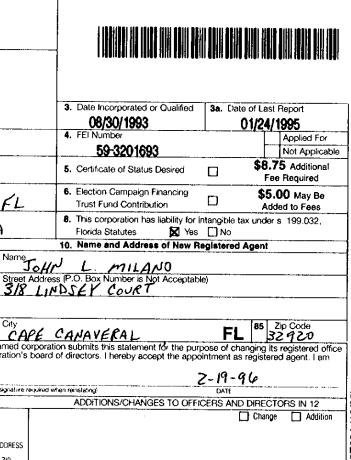
23 CAPE CANAVERAL, FL

MILANO, JOHN L

ORLANDO FL 32835

904 BEACH BREEZE DRIVE

904 BEACH BREEZE DRIVE ORLANDO FL 32835



11 Pursuant	to the provisions of Sections 607 0502 and 607 1509. Florida Statutes 4	CHP	E CAMAVERAL FL 32900	
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.				
S:GNATURE	John & Milano JOHN L. MI	LAND	2-19-96	
		Registered Agent signature reux	ulred when reinstating) DATE	
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TILF	D DELETE	1. 1 TITLE	☐ Change ☐ Addition	
NAM:	MILANO, JOHN L	1.2 NAME		
STREET ADDRESS	904 BEACH BREEZE DRIVE	1.3 STREET ADDRESS		
CITY - ST - ZIP	ORLANDO FL 32835	1.4 CITY - ST - ZIP		
TIFLE	DELETE	2 1 TITLE	Change Addition	
NAMŁ		2 2 NAME		
STREET ADDRESS		23 STREET ADDRESS	İ	
CHY ST-ZIP		2 4 CITY-ST-ZIP		
THEF	☐ DELETE	3. 1 TITLE	Change Addition	
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
COLY-SI-ZiP		3.4 C(TY - ST - Z(P		
TilleF	DELETE	4. 1 TITLE	Change Addition	
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADORESS		
CHY-ST ZiP		44 CITY - ST - ZIP		
THEF	DELETE	5 1 TITLE	Change Addition	
NAME		5.2 NAME	_	
STHEET ADDRESS		5 3 STREET ADDRESS		
CHY-ST ZIP		54 CITY-ST-ZIP		
TH. F	☐ DELETE	6 1 TITLE	☐ Change ☐ Addition	
NAMÉ		6.2 NAME		
STHEET ACCORESS		6.3 STREET ADDRESS		
CIY St Zin		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 on an attachment with an address.

SIGNATURE:

JOHN L. MILAND

407-293-0408