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Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90210 022 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P93000087759

1. Corporation Name
SIMONS DEVELOPMENT CORPORATION

Principal Place of Business
 1747 INDEPENDENCE BLVD.
 #E7
 SARASOTA FL 34234

Mailing Address
 1747 INDEPENDENCE BLVD.
 #E7
 SARASOTA FL 34234



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/23/1993

4. FEI Number
65-0462496

Applied For
 Not Applicable

2. Principal Place of Business
 21 **5715 31st Court E.**

2a. Mailing Address
 26 **P.O. Box 241**

Suite, Apt. #, etc.
 22

Suite, Apt. #, etc.
 27

5. Certificate of Status Desired **\$8.75** Additional Fee Required

City & State
 23 **ELLENTON, FL.**

City & State
 28 **ELLENTON, FL.**

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

Zip Country
 24 **34222 USA**

Zip Country
 29 **34222 USA**

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SIMONS, RICHARD E
 1747 INDEPENDENCE BLVD.
 #E7
 SARASOTA FL 34234

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 **D** DELETE
 NAME **SIMONS, RICHARD E**
 STREET ADDRESS **1747 INDEPENDENCE BLVD., #E7**
 CITY-ST-ZIP **SARASOTA FL 34234**

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS **5715 31ST COURT**
 1.4 CITY-ST-ZIP **ELLENTON, FL. 34222**

TITLE **D** DELETE
 NAME **SIMONS, BERNICE F**
 STREET ADDRESS **1747 INDEPENDENCE BLVD., #E7**
 CITY-ST-ZIP **SARASOTA FL 34234**

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS **5715 31ST COURT**
 2.4 CITY-ST-ZIP **ELLENTON, FL 34222**

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-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 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, with all other like empowerment.

SIGNATURE: SIGNATURE REQUIRED *Richard Simons 4-20-99 1776-3500*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)