

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

**APPROVED AND FILED**

**65 APR 27 AM 11:08**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**DOCUMENT # P94000061622 (4)**

1. Corporation Name  
**SIMTEK ENTERPRISES, INC.**

Principal Place of Business Mailing Address  
**6536 CENTRAL AVE. ST. PETERSBURG FL 33707**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **08/22/1994** 3a. Date of Last Report

2. Principal Place of Business 2b. Mailing Address  
21 **6822 22AVE N.** 26 **6822 22AVE N.**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 **STE 103** 27 **STE 103**  
City & State City & State  
23 **ST. PETERSBURG, FLA** 28 **ST. PETERSBURG, FLA**  
Zip Country Zip Country  
24 **33710** 25 **USA** 29 **33710** 30 **USA**

4. FEI Number **59-3267428** 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. 109.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**CARNAL, GARY A  
6536 CENTRAL AVE.  
ST. PETERSBURG FL 33707**

10. Name and Address of New Registered Agent  
B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City **FL** B5 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 date if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	<b>D</b>
NAME	<b>NIGHTINGALE, JAY</b>
STREET ADDRESS	<b>4944 16TH AVE. N.</b>
CITY - ST - ZIP	<b>ST. PETERSBURG FL 33710</b>
TITLE	<b>D</b>
NAME	<b>GREENWADE, ROBERT</b>
STREET ADDRESS	<b>4013 OCEAN DRIVE, # 205</b>
CITY - ST - ZIP	<b>LAUDERDALE BY THE SEA FL 33308</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	<b>D/V/P</b>
23 STREET ADDRESS	<b>GREENWADE, ROBERT</b>
24 CITY - ST - ZIP	<b>4314 79 way N. ST. PETERSBURG, FLA 33709</b>
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 110.07(3)(b), 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, on an attachment with an address.

SIGNATURE: *Robert Greenwade* **ROBERT GREENWADE**

**4/2/95**