

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Sep 20, 1999 8:00 am
Secretary of State

09-20-1999 90005 049 ***585.00

DOCUMENT # **P94000082840**

1. Corporation Name

SIMRAY REAL ESTATE MANAGEMENT, INC.
C/O WILLIAM R. TURNER & COMPANY, P.A.



Principal Place of Business

12955 BISCAYNE BLVD.
PENTHOUSE 406
NORTH MIAMI FL 33181

Mailing Address

12955 BISCAYNE BLVD.
PENTHOUSE 406
NORTH MIAMI FL 33181

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/14/1994

4. FEI Number

65-0544969

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 owes the current year
Intangible Personal Property.

☐ Yes ☐ No

2. Principal Place of Business

8751 W. BROWARD BLVD

2a. Mailing Address

8751 W. BROWARD BLVD

Suite, Apt. #, etc.
STE 207

Suite, Apt. #, etc.
STE 207

City & State

PLANTATION FL

City & State

PLANTATION, FL

Zip
33324

Country
USA

Zip
33324

Country
USA

9. Name and Address of Current Registered Agent

GREENBERG, JACQUELINE D
C/O SIMRAY REAL ESTATE MGT
12955 BISCAYNE BLVD., SUITE 406
N MIAMI FL 33181

10. Name and Address of New Registered Agent

81 Name **WILLIAM R. TURNER & COMPANY, P.A.**
82 Street Address (P.O. Box Number is Not Acceptable)
8751 West Broward Blvd., Ste 207
83
84 City **Plantation** FL 85 Zip Code **33324**

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 **William R. Turner, President**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9/9/99

12. OFFICERS AND DIRECTORS

TITLE	DAT	<input type="checkbox"/> DELETE
NAME	EVANS, RAYMOND A	
STREET ADDRESS	12955 BISCAYNE BLVD., PENTHOUSE 406	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33181	
TITLE	DPS	<input checked="" type="checkbox"/> DELETE
NAME	MUNDLAK, SIMON M	
STREET ADDRESS	12955 BISCAYNE BLVD., PENTHOUSE 406	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33181	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DPVST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	C/O WILLIAM R. TURNER & CO. P.A.	
1.3 STREET ADDRESS	8751 W. BROWARD BLVD.	
1.4 CITY-ST-ZIP	Suite 207	
2.1 TITLE	Plantation, FL 33324	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE:

WILLIAM R. TURNER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/14/99 (877) 685-6833

CR2E034 (5/99)