

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P95000012574 (6)

1. Corporation Name
SIMARO CORPORATION



Principal Place of Business: **5801 PELICAN BAY BLVD. SUITE 103 NAPLES FL 33963**
Mailing Address: **5801 PELICAN BAY BLVD. SUITE 103 NAPLES FL 33963**

21	2. Principal Place of Business	26	2a. Mailing Address
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.
23	City & State	28	City & State
24	Zip	29	Zip
	Country	30	Country

3.	Date Incorporated or Qualified	3a.	Date of Last Report
	02/08/1995		
4.	FBI Number		Applied For
	65-0573688		Not Applicable
5.	Certificate of Status Desired	<input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**PECK, DANIEL D
5801 PELICAN BAY BLVD.
SUITE 103
NAPLES FL 33963**

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: _____ (Print Name of Registered Agent and Title) _____ (Print Name of Registered Agent and Title) _____ (Print Name)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D <input type="checkbox"/> DELETE	1. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSE, PETER A	2. NAME
STREET ADDRESS	68 CLOUDESLEY RD.	3. STREET ADDRESS
CITY-STATE-ZIP	LONDON, ENGLAND	4. CITY-STATE-ZIP
TITLE	D <input type="checkbox"/> DELETE	5. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITMORE, H. MARCUS J	6. NAME
STREET ADDRESS	ASHMORE, HOUSE, ASHMORE GREEN, NEWBURY	7. STREET ADDRESS
CITY-STATE-ZIP	ENGLAND	8. CITY-STATE-ZIP
TITLE	D <input type="checkbox"/> DELETE	9. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMANTOB, SINA	10. NAME
STREET ADDRESS	885 ARAPAHOE AVE.	11. STREET ADDRESS
CITY-STATE-ZIP	BOULDER CO 80302	12. CITY-STATE-ZIP
TITLE	<input type="checkbox"/> DELETE	13. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		14. NAME
STREET ADDRESS		15. STREET ADDRESS
CITY-STATE-ZIP		16. CITY-STATE-ZIP
TITLE	<input type="checkbox"/> DELETE	17. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		18. NAME
STREET ADDRESS		19. STREET ADDRESS
CITY-STATE-ZIP		20. CITY-STATE-ZIP
TITLE	<input type="checkbox"/> DELETE	21. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22. NAME
STREET ADDRESS		23. STREET ADDRESS
CITY-STATE-ZIP		24. CITY-STATE-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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

As per by Bank

2/23/96

303-447-2641

CR2E034 (12/95)