FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000012574 (6)

SIMARO CORPORATION

							ORIGINAL DE LA CONTRACTORIO DE LA		
Principal Place of Business Mailing Address									
5801 PELICAN SUITE 103	BAY BLVD.	5801 PELICAN BAY B SUITE 103	LVD.						
NAPLES FL 33:	963	NAPLES FL 34108-270	9						
	•					 Date Incorporated or Qualified 02/08/1995 	3a. Date of 03/29/19		port
2. Principal F	lace of Business	2a. Mailing Address	******	***		4. FEI Number		Арр	lied For
26					65-0573688		Not	Applicable	
Suite, Apt	#, etc	Suite, Apt. #, etc	.			5. Certificate of Status Desired		.75 Ac	dditional Juired
City & Stat	le	City & State				6. Election Campaign Financing	\$	5. 00 N	/lay Be
3		28				Trust Fund Contribution	☐ A	dded to	Fees
Zip	Country	Zip	ļ ₇	Countr	У	8. This corporation has liability for it		nder s.	199.032,
4	25	29	30				Yes No		
	9, Name and Address of Cui	rrent Registered Agent			Т	10. Name and Address of New Re	listered Agent		
	K, DANIEL D			81	Name				
5801 PELICAN BAY BLVD.			82	Street Add	ress (P.O. Box Number is Not Acceptab	le)			
SUITE 103			ļ						
NAP	'LES FL 33963			63	!				
				84	City		85	Zip C	ode
							FL "		
11. Pursuant office or agent. La	to the provisions of Sections 607. registered agent, or both, in the S am Jamiliar with, and accept the of	0502 and 607.1508, Florida S late of Florida Such change bligations of Section 607.050	Statutes, t was auth 05, Florida	the abov orized b a Statute	re-named cor by the corpora es.	poration submits this statement for the p tion's board of directors. I hereby accep	urpose of chan it the appointm	ging its ent as r	registered egistered
SIGNATURE									1
	Signature, typed or packed name of registers:	l agent and title if applicable AND DIRECTORS	(NOTE: Rec	gistered Ag	ent signature requ	ired when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE	CTOD	20140
TOLE	D	DELET	F	1.1 TITLE		ADDITIONS/CHANGES TO OFFIC		hange	Additio
NAME	ROSE, PETER A	pieci		1.2 NAME				, mingo	
STREET ADORESS	68 CLOUDESLEY RD.				T ADDRESS				
	LONDON, ENGLAND		1	=-					
				1.4 CITY - ST - ZIP					
CITY-ST-ZIP		DELET	E	21 TITLE			n c	hanne	Additio
CITY-ST-ZIP TITLE	D	☐ DELET	E	2.1 TITLE			c	hange	Additio
CITY-ST-ZIP TITLE NAME	D WHITMORE, H. MARCUS J		E	2.2 NAME			□ c	hange	Additio
CITY-ST-ZIP TITLE NAME STREET ADDRESS	D WHITMORE, H. MARCUS J ASHMORE, HOUSE, ASHMO		E	2.2 NAME 2.3 STREE	T ADDRESS		c	hange	Additio
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITMORE, H. MARCUS J			2.2 NAME	T ADDRESS		□ c		
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	D WHITMORE, H. MARCUS J ASHMORE, HOUSE, ASHMO ENGLAND D	ORE GREEN, NEWBURY		2.2 NAME 2.3 STREE 2. 4 CITY 3.1 TITLE	T ADDRESS ST-ZIP				Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITMORE, H. MARCUS J ASHMORE, HOUSE, ASHMO ENGLAND	ORE GREEN, NEWBURY		2.2 NAME 2.3 STREE 2. 4 CITY 3.1 TITLE 3.2 NAME	T ADDRESS ST-ZIP	<u></u>			

CHY-ST-ZIP 6.4 CITY ST-ZIP 14. I do hereby certify that the information supplied with this filing does not qualify for the information indicated on this annual report or supplemental annual report is true and exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the occurate and that my signature shall have the same legal effect as if made under oath; that execute this report as required by Chapter 607, Florida Statutes; and that my name Lam an officer or director of the appears in Block 12 or Block 1 ceiver of trustee empowered to attackment with an address.

3.4 CITY-ST-ZIP

43 STREET ADDRESS

5.3 STREET ADDRESS 5.4 CITY - ST - ZIP

DRESS

4.4 CiTY - ST - ZiP

4.1 TITLE

4.2 NAME

5 1 TITLE

52 NAME

6.1 TITLE 6.2 NAME

DELETE

DELETE

DELETE

SIGNATURE:

CITY - ST - ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZP

CITY -ST - 712

SITE

NAME

TITLE NAME

TITLE

NAME STREET ADDRESS

FILED

Jan 29 1997 8:00am

Secretary of State

303-447 - 2641 X 403

Change

☐ Change

Change

Addition

Addition

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