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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90185 044 \*\*\*150.00

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000021241

1. Corporation Name

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

THOMAS J. SIMS, P.A.

]										
Principal Plac	e of Business	Mailing Address			ļ		16 MB141 W#41W 1	HAND CONTRACTOR	11991 1191 1481	
11077 BISCAYNE BLVD 11077 BISCAYNE BLVD										
SUITE 301		SUITE 301			DO NOT WRITE IN THIS SPACE					
MIAMI FL 33161   (		MIAMI FL 33161			3. Date Incorporated or Qualifed				1	
ļ					i	03/15/1995				
Principal Place of Business     2a. Mailing Address						4. FEI Number		Api	olied For	
21	26					65-0565091		Not	Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.						\$8.75 A	dditional	1
22	27					5. Certifcate of Status Desired	ч	Fee Re	quired	
City & Stat	<u> </u>				<del></del>	6. Election Campaign Financing		<b>\$5.00</b>		~
23	28					Trust Fund Contribution Added to Fees				
Zip				8. This corporation owes the current year Intangible			<i>(</i> 1)			
24	25 29 3					Personal Property Tax. Yes No  10. Name and Address of New Registered Agent				
\	9. Name and Address of Current	Registered Agent		81	Name	TO. Name and Address of New N	egistereu /	-tyent	····	1
SIMS	S, THOMAS J									
11077 BISCAYNE BLVD				82 Street Address (P.O. Box Number is Not Acceptable)						
SUITE 301				83				<del></del>	<del></del>	ł
_	Al FL 33161									1
]				84	City	<del>-</del>	FI	85 Zip C	ode	{
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes					named cornor	ration submits this statement for the r	-	l changing its	registered	1
l office or r	egistered agent, or both, in the State o	i Florida. Such change was a	authorized	o by tn	ne corporation	's board of directors. I hereby accept	t the appoir	ntment as req	jistered	
agent. Fa	m familiar with, and accept the obligation	ons of, Section 607.0505, Fig	orida Stati	utes.						
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOT)	E: Registered	Agent s	signature required v	when reinstating)	DATE		»=	
12.	OFFICERS AND		13.		•	ADDITIONS/CHANGES TO OFF	ICERS AN	D DIRECTO	R\$ IN 12	Ô
TITLE	Р _	~ DELETE	1.1 TI	TLE	İ			Change	☐ Addition	2
NAME -	SIMS, THOMAS J		1.2 N	AME						5
STREET ADDRESS	ALONE DISCOUNTE DI LES CHITTE COL			1.3 STREET ADDRESS						
CITY-ST-ZIP		301	1.3 \$7	TREET A	ODRESS					Ş
	MIAMI FL	301		TREET A						0200
TITLE		301		TY-81-				Change	Addition	02020
			1.4 CI	TLE				Change	Addition	05000
TITLE ·			1.4 CI 2.1 TI 2.2 N	TLE AME				Change	Addition	Cacac
TITLE NAME		☐ DELETE	1.4 CI 2.1 TI 2.2 NA 2.3 ST 2.4 C	TLE AME TREET A	ZIP					CBOEO
TITLE NAME STREET ADDRESS			1.4 CI 2.1 TI 2.2 NA 2.3 ST	TLE AME TREET A	ZIP			☐ Change	☐ Addition	03000
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	1.4 CI 2.1 TI 2.2 NA 2.3 ST 2.4 C	TLE  AME  TREET A  CITY-ST-	ZIP		·			Cacac
NAME STREET ADDRESS CITY-ST-ZIP TITLE		☐ DELETE	1.4 CI 2.1 TI 2.2 NV 2.3 ST 2.4 C 3.1 TI 3.2 NV	TLE AME TREET A CITY-ST- TLE AME	ZIP		- -			Cara
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		DELETE	1.4 CI 2.1 TI 2.2 NV 2.3 ST 2.4 C 3.1 TI 3.2 NV 3.3 ST	TLE AME TREET A CITY-ST- TLE AME	ZIP  DDRESS  ZIP  DDRESS		·	Change	Addition	CB2EO
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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 empowered.