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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Saridra B Mortham Secretary of State

DIVISION OF CORPORATIONS

1996 DOCUMENT #

Corporation Name

P95000023186 (6)

ERIC A. SIMON, P.A.

Principal Place of Business Maling Address						I INDERIORA NEC ADIOL PILILI BONI BONI BONI DON NICOLE (IND. HIER	i 18110 Bill (88)		
1141 S.W. 156 AVENUE 1141 S.W. 156 AVE PEMBROKE PINES FL 33027 PEMBROKE PINES									
							3. Date Incorporated or Qualified 3a. Date of Last Repo	ort	
r .	Place of Business	<b>⊢</b>	lailing Address				4. FEI Number Ap	plied For	
Suite, Api	l N atc	26	ille. And H nen					t Applicable	
22	i. P, 616.	27	uite, Apt. #, etc.				5. Certificate of Status Desired Fee Re		
City & Sta	ite		City & State				Election Campaign Financing     \$5.00 May Be		
23		28					Trust Fund Contribution Added to		
∠p امم	Country	21	ıb	Cour	ntry		8. This corporation has liability for intangible tax under s 19	99.032,	
24	25] 9. Name and Address of Cu	[29] rrent Register	red Agent	30			Florida Statutes Yes No  10. Name and Address of New Registered Agent		
	· · · · · · · · · · · · · · · · · · ·		- I goin		81	Name	to. Hame and Abdress of New Registered Agent		
SIMC	ON, ERIC A				82	Ctroot Ada	Idress (P.O. Box Number is Not Acceptable)	<del></del>	
1141 S.W. 156 AVENUE					٥٤	Street Muc	idiess (F.O. DOX Nortiber is Not Acceptable)		
PEMI	Broke Pines FL 33027			[	83				
				ŀ	84	City	<b>■ 85</b> Zip C	ode.	
11 U. a. aal	Lto the provision of Carting COZ C	100 1007 1	700 Ft - 1 60 T						
Or redbare	erodingeric, or bourt, in the plate of t	TIONUA, QUEN U	nande was authoriz	rea by the c	orbo ve-u	oration's boa	poration submits this statement for the purpose of changing its regionard of directors. I hereby accept the appointment as registered ac	stered office gent. I am	
	vith, and accept the obligations of, S	300.70 <b>d</b> noisses	us, Florida Statutes	S.					
SIGNATURE	Slip at well by ed or printed name of registered (	agent and tile it appli	naire (NC	Ole Registered	Agen	l signiature requir	wred when reinstating) DATE	<del></del>	
12.		AND DIRECTO	DRS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	IN 12	
TITLE	D CIMON FOIC A		DELETE	1 1 1 1	TLE		P, S, D Change	Addition	
NAME SIREFI ADDRESS	SIMON, ERIC A 1141 S.W. 156 AVENUE	1		1.2 NA			•		
STATE LABORITAS STATE ST. ZII	PEMBROKE PINES FL 3					ADDRESS			
10117	T SHIPMONE TIMES TE G		DELETE	1.4 CiT 2 1 Til		1-219	Change [	Addition	
NAME				2.2 NA		-			
SUBJECT ADDRESS	,			2 3 516	REET.	ADDRESS			
CITA-ST_ZIE				2 4 CI1	Y - 5	1-ZIP			
TIFLE			DELETE	3 1111			☐ Change [	Addition	
NAME STREET ADDRESS				3.2 NAI					
CHY ST-ZIP				3 3. ST 3 4 CIT		ADDRESS			
THEF			DELETE	4 1 111		1-21	☐ Change 「	Addition	
NSMt				4 2 NA	ME				
STHEE ADDRESS				4 3 STF	REET	ADDRESS			
C(1) S1-7(2)		n		4.4 CIT	Y-51	I - ZiP			
FULF			DELETE	5 1 TiT			Change [	Addition	
NAME I ANGOSOS				5 2 NA*					
SINE: LADURESS CHY SI-ZiP						ADDRESS			
THE			DELETE	5.4 CIT 6.1 TIT		1-211	☐ Change ☐	Addition	
NAV:			<b>1</b>	6.2 NAM		1			
STREET AUGRESS						ADDRESS			
CID-SI-ZIF	1			6 4 CIT	Y - S I	r-ziP			
Certify the	at the irronnation malcated on this g	ımıyar report or	r suddieniental ann	iuai report is	tru	e and accur:	for the exemption stated in Section 119.07(3)(k), Florida Statutes, rate and that my signature shall have the same legal effect as if ma	ada undar	
oath; tha appears	it I am an officer or director of the co in Block 12 or Block 13 if cha <u>nged,</u>	orporation or the	e receiver or truste nment with an addr	e empowere ress	ed to	o execute th	this report as required by Chapter 607, Florida Statutes; and that m	ny name	

SIGNATURE:

AMOUNT AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/96 7670100 Date Daying Phone &