FILED Apr 30, 1999 8:00 am Secretary of State

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

PROFIT · CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000052426

SIMEONE & ASSOCIATES, INC.

Principal Place of Business		Mailing Address	Mailing Address						
775 KIRKMAN RD		775 KIRKMAN RD							
110		110							
ORLANDO FL 3	2811		ORLANDO FL 32811			DO NOT WRITE IN THIS SPACE			
US US			3.			3. Date incorporated or	Qualifed		}
						07/07/1995			
2. Principal P	ace of Business	2a. Mailing Address				4. FEI Number		1 1	Applied For
21		26				59-3332478			Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.						\$8.7	5 Additional
22		27	27			5. Certifcate of Status D	esired	Fee	Required
City & State			City & State			6. Election Campaign F	inancina	\$5.0	00 May Be
23			28			Trust Fund Contribute	1 1		ed to Fees
Zip Country			Zip Country			g. This corporation owe		angible	
			_	, ·		Personal Property Ta	=	Yes	□No
24 25 9 Name and Address of Current			<u> </u>			10 Name and Address			
<del></del>	9. Name and Address of Cult	ent Registered Agent		81	Name	10. Hanto and Address	or itom regions of		
Morse, Kenneth D				٠.	Hairie				
775 KIRKMAN RD			82 Street		Street Addre	ss (P.O. Box Number is No	t Acceptable)		-
SUITE 110							***		
ORLANDO FL 32811			1	83					
) OND	4NDO FE 32011		-	84	City			85 Z	ip Code
							FL		
11. Pursuant	to the provisions of Sections 607.0	502 and 607.1508, Florida Statutes te of Florida. Such change was aut	s, the ab	ove-	-named corpo	ration submits this stateme	nt for the purpose of	changing	its registered
agent. I a	egistered agent, or both, in the Sta m familiar with, and accept the obli	igations of, Section 607.0505, Florid	da Statu	tes.	ne corporation	is board of directors, The	sby accept the appoi	minom ac	, rogistered
SIGNATURE	Signature, typed or printed name of registered a	agent and title if applicable. (NOTE: R	Registered A	Agent :	signature required	when reinstating)	DATE		
12.		AND DIRECTORS	13.			ADDITIONS/CHANGE	S TO OFFICERS AN	D DIREC	TORS IN 12
TITLE	D	DELETE	1.1 TITLE		T.			Chang	
NAME	SIMEONE, CARMEN R		1.2 NAME						Ì
	3807 INWOOD LANDING		1.3 STREE		* PPDCCC				
STREET ADDRESS					1				
CITY-ST-ZIP	ORLANDO FL 32812	D DELETE	1.4 CITY-		ZIP			Chang	ge 📄 Addition
TITLE	D	☐ DELETE	2.1 TITLE						o Gradition
NAME	SIMEONE, K.A.		2.2 NAME						ļ
STREET ADDRESS	3807 INWOOD LANDING			REET A	ADDRESS	**			- [
CITY-ST-ZIP	ORLANDO FL 32812		2. 4 CITY-		-ZIP				
TITLE		☐ DELETE	3.1 TITLE					Chan	ge 🔲 Addition
NAME	•		3.2 NAME						
STREET ADDRESS			3.3 STREE		ADDRESS				
CITY-ST-ZIP			3.4. CITY-						
TITLE		☐ DELETE	4.1 TITLE				·	☐ Chan	ge 🔲 Addition
}	· .	<u>_</u>	4. 2 NAME						_
NAME	•		1		4DD0500				
STREET ADDRESS	•		4.3 STREET						
CITY-ST-ZIP			4.4 CiTY-S		ZIP			Chan	an Addition
TITLE		☐ DELETE	5.1 TITLE					Chang	ge
NAME			5.2 NAM		-				
STREET ADDRESS			5.3 STF	REET /	ADDRESS				
CITY-ST-ZIP			5.4 CIT	Y-ST-	-ZIP				
TITLE	-,	[] DELETE	6.1 TITLE					Chan	ge
NAME	•		6.2 NA	MĘ					
f I			1		ADDRESS				i
STREET ADDRESS			6.4 CIT						
CITY OT 7ID			■ 0.4 (XI)	1-51-	- ZIT				

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 comparation 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 q

SIGNATURE