SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000022258 (3)

SIMPLY SUZI, INC.

Principal Place of Business

1116 POINT NEWPORT TERRACE. #202

Mailing Address

1116 POINT NEWPORT TERRACE. #202

FILED Sep 24 1998 8:00am Secretary of State



CASSELBERRY	FL 32707	CASSELBERRY FL 32707	Wide. Whole			
				DO NOT WRITE IN THIS 8	PACE	
				3. Date Incorporated or Qualified		
				03/05/1996		
	lace of Business	2a. Malling Address	10	4. FEI Number	Applied For	
21 783		26 7833 Kicha	100d U1.	59-3370649	Not Applicable	
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State City & State				6. Election Campaign Financing	<u> </u>	
23 Orlando FL Po. 28 Orlando, FL				Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip Country of Zip Cour				8. This corporation owes or has paid the curre		
24 32805 25 01 USA 29 33805 30 Orange C: USA Personal Property Tax due June 30. Yes X No						
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent /						
NICHOLSON, SUZI						
1116 POINTE NEWPORT TERR #202				2 Street Address (P.O. Box Number Is Not Acceptable)		
CASSELBERRY FL 32707				1833 Richwood Drive		
! !			83			
84 City Cr /a				lando FL	85 Zip Code 3&805	
11 Durant State the provide on a familiary CO7 0500 and CO7 4500 Florida Cont. 4 and a state of the state of						
office of registered agent, or both, in the State of Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office of registered agent. I am familiar with, and accept the appointment as registered sagent. I am familiar with, and accept the office of society of the office of the of						
SIGNATURE De STATE						
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstalling) DATE						
12.	OFFICERS AND I	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12	
TITLE	PD	DELETE	1.1 TITLE	2	Change Addition	
NAME	NICHOLSON, DIWHANA S		1.2 NAME			
STREET ADDRESS	1118 POINT NEWPORT TERRACE	, # 202	1.3 STREET ADDRESS	7833 Richwood Onive		
CITY-ST-ZIP	CASSELBERRY FL 32707		1.4 CITY-ST-ZIP	Orlando, Ac 30805		
TITLE		DELETE	2.1 TITLE		Change Addition	
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS			
CITY-ST-ZIP		····	2.4 CITY-ST-ZIP			
TITLE		DELETE	3.1 TITLE		Change Addition	
NAME			3.2 NAME			
STREET ADDRESS			3 3 STREET ADDRESS			
CITY-ST-ZIP			3.4 CITY-ST-ZIP			
TITLE		DELETE	4.1 TITLE		Change Addition	
NAME			4.2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		DELETE	5.1 TITLE		Change Addition	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS	•		
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		DELETE	6.1 TITLE		Change Addition	
NAME			6.2 NAME			
STREET ADDRESS	•		6.3 STREET ADDRESS			
CITY-ST-ZIP			6.4 CITY-ST-ZIP			
14. I nereby ce	THIS THAT THE INFORMATION SUPPLIED WITH this	s tiling does not quality for the	exemption stated in a	section 119.07(3)(i), Florida Statutes, I further certify the	the information	

I. 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 securate 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.

CICNATURE.

ORGINATION DA

In-Lo

// - --- - -- - --