## 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 # P96000030483 (7)

SIMCO INTERNATIONAL, INC.

## FILED Jun 13 1997 8:00am Secretary of State

Principal Place of Business Mailing Address												
·		53	ŭ	12440 69TH ST N								
1240 69TH ST N WEST PALM BEACH FL 33412				WEST PALM BEACH FL 33412-2053				/				
	· · · · · · · · · · · · · · · · · · ·							3. Date Incorporated or Qualified 04/08/1996	<b>3a.</b> Da	ate of Last	Report /	
2. Principal F	Place of Busi	iness	2a. Mailing A	ddress				4. FEI Number	. 2	F	Applied For	
Suite, Apt. #, etc.				26			EIN 65-07216	13	<del></del>	Not Applicable		
Soile, Apr. #, etc.			27	Suite, Apt. #, etc.				5. Certificate of Status Desired		• •	Additional	
City & Stat	te		City & Sta	ale				& Floation Compains Financias			Pequired	
23			<del>                                      </del>	28				Election Campaign Financing     Trust Fund Contribution	9 \$5.00 May Be Added to Fees			
Zip	· · · · · ·	Country	Zip		Country	У		8. This corporation has liability for in				
24		25	29	3	30			Florida Statutes	Yes [	J No	s. 199.00Z,	
	9. Name	and Address of Cur	rent Registered Age	nt				10. Name and Address of New Reg	istered	Agent		
KU	EIN, <b>JE</b> FFA	EY G			81	۱	lame					
260	OO N MILITA	ary trail, suite 2	70		82	, ,	treet Ado	dress (P.O. Box Number is Not Acceptable	۸)			
BO	CA RATON	l FL 33431					·	seed (Fig. Box Humbbi is Not Neceptable	٥,			
					83	3						
					84	C	ity		FI	<b>85</b> Zip	Code	
11. Pursuant	to the provis	sions of Sections 607.0	502 and 607.1508, F	lorida Statutes	s, the abov	/ <del>0</del> -na	amed cor	poration submits this statement for the pu	rpose o	f changing	its registered	
ONDEROLI	registeren aj	gent, or both, in the Sta ith, and accept the ob	ite di Fiorida. Such ci	nange was au	morizea bi	iv tin	e corpora	ation's board of directors. I hereby accept	the app	ointment a	s registered	
SIGNATURE			<b>G</b>									
	Signature, types	or printed name of registered	agent and little if applicable	(NOTE: I	Registered Age	ent s	gnature requ	rred when reinstating)	DATE			
12.		OFFICERS A	AND DIRECTORS	T	13.			ADDITIONS/CHANGES TO OFFICE	RS AND			
TITLE	D		L	] DELETE	1.1 TITLE					☐ Change	☐ Addition	
NAME		TA, TINA			1.2 NAME							
STREET ADDRESS		9TH ST N	146		1.3 STREET	I ADD	RESS					
CITY-ST-ZIP	WESTP	ALM BEACH FL 334		1 DELETE	1.4 CITY-5	ST- <b>Z</b> I	P				···	
TITLE			L.	DELETE	2.1 TITLE					☐ Change	Addition	
NAME					2.2 NAME							
STREET ADDRESS	}				2.3 STREET		- 1					
CITY-ST-ZIP	·			DELETE	2 4 CITY-1	S1 - Z	P .		<del></del>	T 0		
NAME	1			1 DELETE	3.1 TITLE					Change	Addition	
STREET ADDRESS					3.2 NAME 3.3 STREET	7 ADD	oran l					
CITY-ST-ZIP							1					
TITLE				DELETE	3.4. CITY-5	51-2				Change	Addition	
NAME				,	4. 2 NAME					- Chango	☐ vanadan	
STREET ADDRESS					4.2 NAME		RESS					
CITY-ST-ZIP					4.4 CITY-S							
TITLE				DELETE	5.1 TITLE	21.5	<del></del>			Change	Addition	
NAME	Ì				5.2 NAME							
STREET ADDRESS					5.3 STREET	T ADD	ress					
CITY-ST-ZIP					5.4 CITY-S		- 1					
TITLE		780-43		DELETE	6.1 TITLE					Change	Addition	
NAME					6.2 NAME					-		
STREET ADDRESS					6.3 STREET	T ADD	RESS					
CITY-ST-ZIP					6.4 CITY-S	ST - ZII	,					
14. I do heret	by certify the	t the information suppl	ied with this filing doc	es not qualify f	for the exe	mn	ion state	d in Section 119.07(3)(i), Florida Statutes.	Lurther	certify that	t the	
I am an o	riicer or aire	on this armual report of ctor of the corporation or Block 13 if changed,	or the receiver or trus	staa empowe <i>n</i>	oexe of he	urate	and tha this repo	1 my signature shall have the same legal ort as required by Chapter 607, Florida Sta	effect as itutes; ar	if made un nd that my	ider oath; that name	