

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

APPROVED  
AND  
FILED

1997 OCT 20 PM 4:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000047665 (0)**

1. Corporation Name

**TEXTOR SIMS HOLDINGS, INC.**

Principal Place of Business

**2176 REGENT'S BOULEVARD  
WEST PALM BEACH FL 33409**

Mailing Address

**2176 REGENT'S BOULEVARD  
WEST PALM BEACH FL 33409**

2. Principal Place of Business		2a. Mailing Address	
21 <b>777 S. Flagler Drive</b>	26 <b>777 S. Flagler Drive</b>		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
22 <b>1750</b>	27 <b>1750</b>		
City & State	City & State		
23 <b>West Palm Beach, FL</b>	28 <b>West Palm Beach, FL</b>		
Zip	Zip	Country	Country
24 <b>33401</b>	25 <b>USA</b>	29 <b>33401</b>	30 <b>USA</b>

3. Date Incorporated or Qualified <b>06/05/1996</b>	3a. Date of Last Report
4. FEI Number <b>65-0676157</b>	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**KRASKER, PAUL A  
625 NORTH FLAGLER DRIVE  
9TH FLOOR  
WEST PALM BEACH FL 33401**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>0 TEXTOR, JOHN C</b>	1.2 NAME	<b>800002327058--2</b>
STREET ADDRESS	<b>2176 REGENT'S BOULEVARD</b>	1.3 STREET ADDRESS	<b>-10/22/97--01080--021</b>
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33409</b>	1.4 CITY-ST-ZIP	<b>***165.00 ***165.00</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE:

CR2E034 (4/97)

2

# Cochrane & Co.

Certified Public Accountants

2801 Exchange Court  
West Palm Beach, FL 33409

P.O. Box 3186  
West Palm Beach, FL 33402

Telephone (561) 684-9566  
Fax (561) 687-3528

October 15, 1997

Division of Corporations  
Annual Reports Section  
P.O. Box 6327  
Tallahassee, FL 32314

Re: #P96000047665 (0)  
Textor Sims Holdings, Inc.

Gentlemen:

With reference to the above mentioned corporation, the 2nd Notice Annual Report packet in our receipt is the first notice received by our client.

We have had a long-standing business relationship with the registered agent, John C. Textor, to feel confident in his assertion that this is his only notice to file.

We have enclosed a check for \$165 for a timely filing and respectfully request your consideration of waiving the late filing fee. Thank you for your cooperation in this matter.

Sincerely yours,

COCHRANE & CO., P.A.

  
Reynolds J. Cochrane, C.P.A., P.F.S.

RJC/dn  
Enclosures