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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

FILED

Jan 30 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000051873 (3)

STEVEN R. SIMS, P.A.

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Principal Place of Business Mailing Address													.,,	*****		J. 11. 90.	*****		****	• • • • • • • • • • • • • • • • • • • •	
9964 PUOPOLO LANE P O BOX 188																					
BONITA SPRINGS FL 34135					BONITA SPRINGS FL 34133							DO NOT WRITE IN THIS SPACE									
US US												3. Date Incorporated or Qualified									
												1	3/17/199								
2. Principal Pi	ace of Busi	ness			2a. M	lailing A	ddress						Number	/ <u>V</u>				T	Ap	plied l	For
21	Į.	26							65-0675805						ľ			licable			
Suite, Apt.		Suite, Apt. #, etc.						•		•		D == '==			\$8	.75 /	dditio	nal			
22	1	27							5. Ce	rtificate of	Status	Desire	/O	ப	F	ee Re	quired	į			
City & State		City & State							6. Election Campaign Financing \$5.00 May Be								 3e				
23	[:	28							Trust Fund Contribution Added to Fees												
Zip	Country				Zip C				Country			8. This corporation owes or has paid the current year Intangible							6		
24	25				29 30							Personal Property Tax due sune 30. Yes No									
9. Name and Address of Current Registered Agent												10. Na	me and A	\ddres:	s of Ne	w Regi	stered	Agent			
SIM	S, STEVE	N R							81	N	Name										
996	4 PUOPOI	LO LA	NE						82	s	street Address (P.O. Box Number is Not Acceptable)										
BOI	NITA SPRII	NGS F	L 33923									<u> </u>				·		J			
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									84	-	Dity							85	Zip (Code	
											•						FL	.			
11. Pursuant	lo the provis	sions of	Sections 607.0 both, in the St accept the ob	0502 an	nd 607.	1508, F	lorida Statut	tes, the	above	e-na	amed corpo	oration su	bmits this	staten	nent for	the pu	rpose of	/ chang	ging it:	siger a	stered
agent. La	m fam iliar w	yen, o ith, and	accept the of	oligation	ns of, S	ection 6	307.0505, FI	orida S	tatutes	y 1111 S.	e corporanc	on a boar	a or alloc	10.5.11	Cloby	ассорі	anc app	Olinin	Jin us	ogisti	5100
SIGNATURE	-5	76	IEN R	5,	ins	,	PACS	S									/ ZS	-/2	B		
0.0.0	Signature, typed	d or printe	d name of registered				(NOT		<u>-</u>	ent s	ignature required										
12.			OFFICERS	AND DI	IRECTO		DELETE	13				ADL	ITIONS/C	HANGI	<u> 28 10 (</u>	OFFICE	HS ANL	DIRE			Addition
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NAME	SIMS, STEVEN R 9964 PUOPOLO LANE BONITA SPRINGS FL 33923								1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE												
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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 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, of on an attachment with an address.

1/25/98

947-4262