

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 # **PA6000060974**

1. Corporation Name

TEAM Simulations, Inc.

Principal Place of Business

Mailing Address

**1515-15 PAUL RUSSELL RD
TALLAHASSEE, FL 32301**

2. Principal Place of Business

2a. Mailing Address

21	SAB	26	SAB
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22	1515-15 PAUL RUSSELL RD	27	1515-15 PAUL RUSSELL RD
City & State		City & State	
23	TALLAHASSEE FL	28	TALLAHASSEE, FL
Zip	Country	Zip	Country
24	32301 USA	29	32301 USA

9. Name and Address of Current Registered Agent

**JANET D. DILLING
SAB 1515-15 PAUL RUSSELL RD
TALLAHASSEE, FL 32301**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

85 Zip Code

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

JANET D. DILLING

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PRESIDENT	<input type="checkbox"/> DELETE
NAME	JANET D. DILLING	
STREET ADDRESS	1515-15 PAUL RUSSELL RD	
CITY-ST-ZIP	TALLAHASSEE, FL 32301	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	500002892325--3
14 CITY-ST-ZIP	-06/02/93--01040--003
21 TITLE	***150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

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, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JANET D. DILLING

Date

850/656-1928

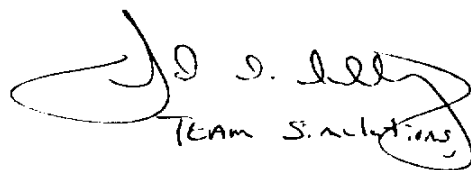
Daytime Phone #

CR2E034 (11/98)

2012

TO WHOM IT MAY CONCERN.

I DID NOT RECEIVE AN ANNUAL REPORT
THIS YEAR. I THOUGHT THE ANNUAL RENEWAL
WAS MAY 31ST, NOT MAY 1. I, THEREFORE,
CAME BY THE OFFICE TO INQUIRE AND PAY
MY FEE OF 150.00 I WAS TOLD THE DATE
WAS MAY 1ST. I ASK THAT THE LATE
FEE BE WAIVED.

 J. S. Lee
TEAM SOLUTIONS, INC.