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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000066195

1. Corporation Name

SIMON & BILOTTI, INC.

Principal Place of Business

19914 VILLA LENTE PLACE **BOCA RATON FL 33434**

Mailing Address

9045 LA FONTANA BLVD.

BOCA RATON FL 33434

FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90034 016 ***150.00



DO NOT WRITE IN THIS SPACE

| | | V S | | 3. Date Incorporated or Qualifed | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|---------------------------------|--|
| | <u> </u> | | | 08/08/1996 | | |
| 2. Principal P | lace of Business | | ame as | 4. FEI Number | Applied For | |
| 21 136 | <u>5 West Talmettotark k</u> | d26 4848 10/100 | flagga tav | 27 65-0688090 | Not Applicable | |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | 5, Certifcate of Status Desired | 8.75 Additional Fee Required | |
| City & Stat | e 🗘 📗 | City & State | | 6. Election Campaign Financing | \$5.00 May Be | |
| 23 Boca | Raton, Fh | 28 2060 1403 | OP XX | Trust Fund Contribution | Added to Fees | |
| Zip | Country | ZIP 2121211 - | Country | 8. This corporation owes the current year Intangit | | |
| 24 <u>334</u> | 86 25 USA | 29 77172 30 | o APACO | T CISORIAI T TOPCITY TUX. | Yes □No | |
| • | 9. Name and Address of Current | Registered Agent | | 10. Name and Address of New Registered Age | nt . | |
| CINADA DAVID | | | | 81 Name Same as 9 | | |
| | ON, DAVID | | 82 Street Address (P.O. Box Number is Not Acceptable) 1365 West Palmetto Fork Road | | | |
| | 14 VILLA LENTE PLACE | | | 5 West Palmetto-Park K | <u>حومط</u> | |
| BOC | CA RATON FL 33434 | | 83 | | | |
| | | | 84 City | 8 | 5 Zip Code | |
| | | | 1 170 | ca Raton FL | 33486 | |
| 11. Pursuant | to the provisions of Sections 607.0502 | and 607.1508, Florida Statutes | the above named o | ornoration submits this statement for the purpose of char | nging its registered | |
| office or r | egistered agent, or both, in the State of m familiar with, and accept the obligation | f Florida. Such change was auth | nonzed by the corpor | ration's board of directors. I hereby accept the appointment | ent as registered | |
| SIGNATURE | Signature, typed or printed name of registered agent of | and title if applicable. (NOTE: Ro | egistered Agent signature req | juired when reinstating) DATE | | |
| 12. | OFFICERS AND | | 13. | ADDITIONS/CHANGES TO OFFICERS AND D | IRECTORS IN 12 | |
| TITLE | P | U DELETE | 1.1 TITLE | | Change | |
| NAME | BILOTTI, JOSEPH | <u> </u> | 1.2 NAME | C | ^ ^ | |
| · · | 19914 VILLA LENTE PLACE | | 1.3 STREET ADDRESS | 1365 West Palmetto Park | Kood | |
| STREET ADORESS | BOCA RATON FL 33434 | | 1.4 CITY-ST-ZIP | Roca Reton FL 3348 | | |
| CITY-\$T-ZIP | DUCA RATUR FL 33434 | ☐ DELETE | 2.1 TITLE | : 10 C V : | Change | |
| | | | | | | |
| NAME | | | 22 NAME | | | |
| | | | 2.2 NAME | | | |
| STREET ADDRESS | | | 2.3 STREET ADDRESS | | | |
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| CITY-ST-ZIP | | □ DELETE | 2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP 3.1 TITLE | <u>~</u> | Change | |
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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, or one appears with an address, with all other like empowered.

SIGNATURE: