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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9700001301

1. Corporation Name

SIMON ENTERPRISES INC.

Aug 06, 1999 8:00 am Secretary of State

08-06-1999 90002 010 ***558.75

OWNOIN	ENTERN MOLO, MO.							
Principal Plac	e of Business	Mailing Address			T CARDIFFERE HIN COURT (BANK CANE)	 	AN CHILL MACAN ICAL IN	T)
10239 S.E.		P.O. BOX 342						
PORT ST. LUCIE FL 34952 JENSEN BEACH FL 34958					DO NOT WRITE IN	I THIS SPAC	-	
					3. Date Incorporated or Qualifed	11113 01 70	<u> </u>	\neg
					01/01/1997			Ì
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number		Applied For	\dashv
21	And the second section of the second	26	_		· 65-0676921		Not Applicab	le
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	-		5. Certificate of Status Desired	n \$8.	.75 Additional	
22		27			5. Certificate of Status Desired		ee Required	
City & Stat	te	City & State			6. Election Campaign Financing		5.00 May Be	
23	Occupto	28	- C		Trust Fund Contribution		dded to Fees	
Zip 24	Country	Zip	Con	mury	8. This corporation owes the current ye	ear Intangible Ye:	_	j
24	9. Name and Address of Current		30	1	Personal Property Tax. 10. Name and Address of New Regis		s 🗀 110	
ļ	V. Hallie and Address of Content	r registered regent		81 Name	To. Heart and Francisco of New Magne	torou y igotti		
SIM	on, gary			0 0	(0.5 B.) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			4
598	NE MARANTA TERRADO			82 Street Addr	ress (P.O. Box Number is Not Acceptable)			
JEN:	SEN BEACH FL 34957			83				\neg
		·		74 04		Tast	7:- Cod-	_
				84 City		FL 85	Zip Code	
office or r	to the provisions of Sections 607.0502 registered agent, or both, in the State or familiar with, and accept the obligat	of Florida. Such change was aut	thorized	by the corporation	oration submits this statement for the purpoon's board of directors. I hereby accept the	ose of changi appointment	ng its registered as registered	
SIGNATURE								-
40	Signature, typed or printed name of registered agent			Agent signature require		ATE DID	ECTORS IN 48	– જ્જ
12.	OFFICERS ANI	D DIRECTORS DELETE	13.	ne -	ADDITIONS/CHANGES TO OFFICE	Ch		S S S S CR2E034 (11/98)
NAME	SIMON, GARY			AME			90	\ 2
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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 changes or an attachment with an address, with all other like empowered.

NED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

GARY SIMON