

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

FILED  
May 11 1998 8:00am  
Secretary of State

|   |   |   |
|---|---|---|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # **P97000038071 (1)**

1. Corporation Name

**SIMMS INTERNATIONAL GROUP INC.**



|  |  |
|--|--|
| Principal Place of Business<br><b>1201 GEORGE BUSH BOULEVARD<br/>DELRAY BEACH FL 33409</b> | Mailing Address<br><b>1201 GEORGE BUSH BOULEVARD<br/>DELRAY BEACH FL 33409</b> |
|--|--|

DO NOT WRITE IN THIS SPACE

|   |  |  |  |  |  |
|---|--|--|--|--|--|
| 2. Principal Place of Business<br>21 <b>6504 CONTEMPO LN</b><br>Suite, Apt. #, etc. |  | 2a. Mailing Address<br>26 <b>6504 CONTEMPO LN</b><br>Suite, Apt. #, etc. |  | 3. Date Incorporated or Qualified<br><b>04/28/1997</b>   |  |
| 22 City & State<br><b>BOCA RATON, FL</b>  |  | 27 City & State<br><b>BOCA RATON, FL</b>                                 |  | 4. FEI Number<br><b>65-0753462</b><br>Applied For<br>Not Applicable  |  |
| 23 Zip<br><b>33433</b>  |  | 28 Country<br><b>PALM BEACH</b>  |  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  |  |
| 24 <b>33433</b>   |  | 29 <b>33433</b>  |  | 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>  |  |
| 25 <b>PALM BEACH</b>  |  | 30 <b>PALM BCH</b>   |  | 8. This corporation owes or has paid the current year Intangible<br>Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

|   |  |   |                           |                             |
|---|--|---|---------------------------|-----------------------------|
| SIMMS, R J<br><del>1201 GEORGE BUSH BOULEVARD</del><br><del>DELRAY BEACH FL 33409</del> |  | 81 Name   |                           |                             |
|   |  | 82 Street Address (P.O. Box Number is Not Acceptable) | <b>6504 CONTEMPO LANE</b> |                             |
|   |  | 83  |                           |                             |
|   |  | 84 City   | <b>BOCA RATON</b>         | 85 Zip Code<br><b>33433</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 **RS Simms EA** **RS SIMMS** **4/30/98**  
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   | <b>MANAGING DIRECTOR</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition  |
| NAME                       |                                 | 1.2 NAME  | <b>SUSIE SIMMS</b>   |
| STREET ADDRESS             |                                 | 1.3 STREET ADDRESS                                    | <b>6504 CONTEMPO LN</b>  |
| CITY-ST-ZIP                |                                 | 1.4 CITY-ST-ZIP                                       | <b>BOCA RATON, FLORIDA 33433</b>   |
| TITLE                      | <input type="checkbox"/> DELETE | 2.1 TITLE   | <b>FINANCIAL DIRECTOR</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       |                                 | 2.2 NAME  | <b>RS SIMMS</b>  |
| STREET ADDRESS             |                                 | 2.3 STREET ADDRESS                                    | <b>6504 CONTEMPO LN</b>  |
| CITY-ST-ZIP                |                                 | 2.4 CITY-ST-ZIP                                       | <b>BOCA RATON, FL 33433</b>  |
| TITLE                      | <input type="checkbox"/> DELETE | 3.1 TITLE   |  |
| 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   |  |
| 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   |  |
| 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   |  |
| NAME                       |                                 | 6.2 NAME  |  |
| STREET ADDRESS             |                                 | 6.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                                 | 6.4 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.

SIGNATURE: **RS Simms** **RS SIMMS** **4/30/98** **581-368-3404**

CR2E034 (10/97)