## 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 # P97000038071

1. Corporation Name

SIMMS INTERNATIONAL GROUP INC.

	,						4431 (141 144) 111   111 144
Principal Place	e of Business	Mailing Address	_		I SMBSIMBS 119 (MIS) (MAIL MAILS MAILS MAILS MAILS	1 <b>6:00</b> (11 <b>0</b> ) 1011 4011 11	9601 HBH 1081
6504 CONTEMPO LN 6504 CONTEMPO LN							
BOCA RATON FL 33433 BOCA RATON FL 33			33				
US US					DO NOT WRITE IN THIS SPACE		
l	• .				3. Date Incorporated or Qualifed 04/28/1997		
2. Principal P	lace of Business	2a. Mailing Address		<del>-</del>	4. FEI Number	Apr	plied For
26					65-0753462	Not	Applicable
		Suite, Apt. #, etc.	ite, Apt. #, etc.			\$8.75 A	dditional
27		27	<u> </u>		5. Certifcate of Status Desired	Fee Rec	quired
		City & State	& State		6. Election Campaign Financing	\$5.00	May Be
28					Trust Fund Contribution	Added to	ງ Fees
Zip	Country	Zip	Cou	ntry	8. This corporation owes the current year		
24	25	29	30		Personal Property Tax.	☐ Yes	<b>∑</b> No
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Registe	red Agent	
<b>A.1. 1.1</b>				81 Name			
SIMMS, R J HEGILGEORGE BUSH BOULDWARD				82 Street Ad	dress (P.O. Box Number is Not Acceptable)		
				65		LANE	
- 12	War to Charles And San			83			}
				84 City		85 Zip C	ode
				_ B.C		FL   "   "3 }	433
11. Pursuant	to the provisions of Sections 607.050	2 and 607 1508, Florida Statut	es, the al	ove-named co	proporation submits this statement for the purpos	e of changing its	registered
l office or r	egistered agent, or both, in the State m familiar with, and accept the obligation	ot Florida. Such change was a	utnorizea	by the corpora	ation's board of directors. I hereby accept the a	ppointment as reg	jistered
] -			RX	- <:	MMS API	21L (B/	વલ
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE	Registered	Agent signature requ	ired when reinstating) DAT	E	<u> </u>
12.	OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS		
TITLE	D	☐ DELETE	1,1 10	TE	•	Change	Addition
NAME	SIMMS, S		1.2 NA	ME			{
STREET ADDRESS	6504 CONTEMPO LN		1.3 ST	REET ADDRESS			}
CITY-ST-ZIP	BOCA RATON FL 33433		1.4 CF	Y-ST-ZIP			
TITLE	D	☐ DELETE	2.1 TI	LE		☐ Change	☐ Addition
NAME	SIMMS, R J		2.2 N	ME			
STREET ADDRESS	6504 CONTEMPO LN		2.3 ST	REET ADDRESS	•		
CITY-ST-ZIP	BOCA RATON FL 33433	· -	2. 4 C	TY-ST-ZIP	<u></u>		
TITLE		☐ DELETÉ	3.1 ∏	Œ		Change	Addition
NAME	7 14. 1		3.2 NA	ME			-
STREET ADDRESS	•		3.3 \$1	REET ADDRESS			
CITY-ST-ZIP			3.4. C	TY-ST-ZIP			
TITLE		☐ DELETE	4,1 TI	LE		☐ Change	Addition
NAME			4.2 N	AME			
STREET ADDRESS			4.3 ST	REET ADDRESS			
CITY-ST-ZIP				ry-st-zip			
TITLE		☐ DELETE	5.1 TI		,	☐ Change	☐ Addition
NAME			5.2 N	ME	•		Í
STREET ADDRESS		,	5.3 \$7	REET ADDRESS			
CITY-ST-ZIP			5.4 CI	TY-ST-ZIP			
TITLE	<u> </u>	☐ DELETE	6.1 TT	LE		☐ Change	☐ Addition
NAME -			6.2 NA	ME			1
(							

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.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

APRIL 18/99

Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90101 026 \*\*\*150.00

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