

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

FILED

Mar 30 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000041612 (7)**

1. Corporation Name  
**CIMON, INC.**

Principal Place of Business

**3837 NORTHALE BLVD  
SUITE 354  
TAMPA FL 33624**

Mailing Address

**3837 NORTHALE BLVD  
SUITE 354  
TAMPA FL 33624**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**05/09/1997**

4. FEI Number

**59-3446017**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

**21 105 N. First Ave**

Suite, Apt. #, etc.

**22 Suite 231**

City & State

**23 Sanpoint 2D**

Zip

**24 83864**

Country

**25 USA**

2a. Mailing Address

**26 105 N. First Ave**

Suite, Apt. #, etc.

**27 Suite 231**

City & State

**28 Sanpoint 2D**

Zip

**29 83864**

Country

**30 USA**

9. Name and Address of Current Registered Agent

**CIMON, AMANDA  
3837 NORTHALE BLVD  
SUITE 354  
TAMPA FL 33624**

10. Name and Address of New Registered Agent

**81 Name: Mark Mooney**  
**82 Street Address (R.O. Box Number is Not Acceptable): 1211 W. Fletcher**  
**83**  
**84 City: TAMPA FL 85 Zip Code: 33612**

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

*Mark Mooney*

(NOTE: Registered Agent signature required when reinstating)

**3-24-98**

DATE

12. OFFICERS AND DIRECTORS

**TITLE: Vice President Operations**  
**NAME: Kathleen Temple-Butler**  
**STREET ADDRESS: 3837 Northale Blvd #354**  
**CITY-ST-ZIP: TAMPA FL 33624**

☐ DELETE

**TITLE:**

**NAME:**

**STREET ADDRESS:**

**CITY-ST-ZIP:**

☐ DELETE

**TITLE:**

**NAME:**

**STREET ADDRESS:**

**CITY-ST-ZIP:**

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**CITY-ST-ZIP:**

☐ DELETE

**TITLE:**

**NAME:**

**STREET ADDRESS:**

**CITY-ST-ZIP:**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

**1.1 TITLE: President** ☐ Change ☐ Addition

**1.2 NAME: AMANDA CIMON**

**1.3 STREET ADDRESS: 105 N. First Ave Suite 231**

**1.4 CITY-ST-ZIP: Sanpoint 2D 83864**

☐ Change ☐ Addition

**2.1 TITLE:**

**2.2 NAME:**

**2.3 STREET ADDRESS:**

**2.4 CITY-ST-ZIP:**

☐ Change ☐ Addition

**3.1 TITLE:**

**3.2 NAME:**

**3.3 STREET ADDRESS:**

**3.4 CITY-ST-ZIP:**

☐ Change ☐ Addition

**4.1 TITLE:**

**4.2 NAME:**

**4.3 STREET ADDRESS:**

**4.4 CITY-ST-ZIP:**

☐ Change ☐ Addition

**5.1 TITLE:**

**5.2 NAME:**

**5.3 STREET ADDRESS:**

**5.4 CITY-ST-ZIP:**

☐ Change ☐ Addition

**6.1 TITLE:**

**6.2 NAME:**

**6.3 STREET ADDRESS:**

**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:

*Amanda Cimon*

**2/10/98**

**813/963-0933**

CR2E034 (10/97)