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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Mar 03, 1999 8:00 am Secretary of State 03-03-1999 90010 004 ***150.00

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DOCUMENT #	P97000092186	3

1. Corporation Name

SIM HOLDINGS INC

SJIVI NUI	LUINGO, INC.										
Principal Place	e of Business		Mailing Address					t (ABICAA) ciê tatic teact oo	itt antil antil et		idita sitt tadt
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400 NORTH FLAGLER DRIVE SUITE 2201 400 NORTH FLAGLER DRIVI WEST PALM BEACH FL 33401 WEST PALM BEACH FL 334											
TEST FREM DENOTITE SONOT									WRITE IN TH	IS SPACE	
							1	Date Incorporated or Qual 10/27/1997	lifed		
2. Principal P	lace of Business		2a. Mailing Address				4. F	El Number		Ap	plied For
21		2	6				/ 6	65-0789690		No	t Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc	C				Certificate of Status Desire	ed □	\$8.75	
22		2	7				5. 0		~ <u> </u>	Fee Re	equired
City & State	e		City & State				6. E	Election Campaign Financ	ing	\$5.00	May Be
23	· · · —	2	8				· · · 1	Frust Fund Contribution		Added	lo Fees
Zip	Country		Zip	Co	untry		8. T	This corporation owes the	current year		_
24	25	2	9	30				Personal Property Tax.		Yes	□No
	9. Name and Addres	ss of Current Re	gistered Agent		<u> </u>			Name and Address of N	ew Register	ed Agent	
					81	Name					
	REGOR, S. JANE				82	Street	Address (P.C	D. Box Number is Not Ac	ceptable)		
	North Flagler Dr		l					· · · · · · · · · · · · · · · · · · ·			
WES	IT PALM BEACH FL 3	3401			83						J
					84	City				85 Zip (Code
					اسا	City			F	'L	
office or n	egistered agent or both	in the State of Flo	orida. Such change i	was authorize	d by '	the corp	corporation s poration's boa	submits this statement for and of directors. I hereby a	the purpose accept the ap	of changing its pointment as re	registered gistered
office or n	egistered agent, or both, m familiar with, and acce Stanature, typed or printed hame	in the State of Floor of registered agent and	orida. Such change of, Section 607.050	was authorize 05, Florida Sta (NOTE: Registere	d by tutes.	the corp	poration's boa	and of directors. I nereby a	DATE	ALLAR	gistered
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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 on an attachment with an address, with all other like empowered.

SIGNATURE