

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1998**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P97000093619 (9)**

1. Corporation Name  
**SIM MANAGEMENT ENTERPRISE, INC.**

Principal Place of Business

**638 N. U.S. HIGHWAY 1  
SUITE 311  
TEQUESTA FL 33469**

Mailing Address

**638 N. U.S. HIGHWAY 1  
SUITE 311  
TEQUESTA FL 33469**

**FILED**  
**Aug 28 1998 8:00am**  
**Secretary of State**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**10/31/1997**

4. FEI Number

☒ 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

2a. Mailing Address

**21 1535 CYPRESS DRIVE**

**26 1535 CYPRESS DRIVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**22 SUITE 2**

**27 SUITE 2**

City & State

City & State

**23 JUPITER FL**

**28 JUPITER FL**

Zip

Country

Zip

Country

**24 33469**

**29 33469**

9. Name and Address of Current Registered Agent

**SIMON, FANOS DR.  
638 N. U.S. HIGHWAY 1  
SUITE 311  
TEQUESTA FL 33469**

10. Name and Address of New Registered Agent

**81 Name**

**82 Street Address (P.O. Box Number is Not Acceptable)**

**83**

**84 City**

**FL 85 Zip Code**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE  
NAME **SIMON, FANOS DR.**  
STREET ADDRESS **638 N. U.S. HIGHWAY 1**  
CITY-ST-ZIP **TEQUESTA FL 33469**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME **JANOS SIMON**  
1.3 STREET ADDRESS **1535 CYPRESS DRIVE SUITE 2**  
1.4 CITY-ST-ZIP **JUPITER FL 33469**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
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

CR2E034 (5/98)

**200002629552**  
**-09/01/98--01012--017**  
**\*\*\*150.00**

**SUITE 507  
AT SEMINOLE PLAZA  
15205 US HWY ONE  
JUNO BEACH, FL 33408**

**ABIGAIL M. LAUTERBORN  
ENROLLED AGENT**

**BUS: 561-622-0429  
FAX: 561-622-8703**  
August 11, 1998

*Enrolled to Practice Before the  
Internal Revenue Service*

*Member: N.S.E.A.  
F.S.E.A.*

Florida Department of Revenue  
Division of Corporations  
P O Box 1500  
Tallahassee, FL 32302-1500

Gentlemen:

This office has been asked to correspond with the Department on behalf of Janos Simon, of Simi Management Enterprise, Inc. Corporation Document #P97000093619 (9) Mr. Simon is currently out of the country and traveling in Hungary.

The 1998 Corporation Annual Report packet was sent to the incorrect address and never received by the corporation. According to the enclosed certificate designating place of business or domicile within this state, the correct address of the corporation at the time of incorporation was 638 N US Hwy 1, Suite 131. On the corporation packet the address is listed as 638 N US Hwy 1, Suite 311.

Since the corporation was formed on 10/31/97 and there has been no activity, Mr. Simon has not yet secured the services of an accountant. Therefore, he had no advise about the requirements of the State to file the annual report by May 1, 1998. We respectfully request that you accept the enclosed postal money order in the amount of \$150.00 and waive the late filing penalty.

The corporation has a new address which is:

1535 Cypress Drive, Suite 2  
Jupiter, FL 33469

this change has been indicated on the enclosed report.

Sincerely,



Abigail M. Lauterborn

**Fees for Professional Services rendered are considered Due and Payable upon receipt of Statement.  
Outstanding balance(s) not paid within 30 days are subject to 1.5% Service Charge (Annual Percentage Rate of 18%)**