**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P97000106245

1. Corporation Name

T.B. SIMS INVESTMENTS, INC.

## **FILED** Apr 09, 1999 8:00 am Secretary of State

04-09-1999 90016 035 \*\*\*158.75



Principal Place	of Business	Mailing Address	Mailing Address				1,021,128,114,1911,1991,1991				
2741 SW 36 ST	REEET	POST OFFICE BOX 956									
FT LAUDERDALE FL 33312		DANIA FL 33004					DO NOT WRITE IN THIS SPACE				
							3. Date Incorporated or Qualifed				
							12/17/1997			ļ	
- 5/ : 10/		2a. Mailing Address				-	4. FEI Number		- An	plied For	
<del></del>	ace of Business	<b>⊢</b> '				'	65-0799093			t Applicable	
21		Suite, Apt. #, etc.					00 0188030	1/	\$8.75		
Suite, Apt. #	F, etc.	<b>⊢</b> ' '					<ol><li>Certifcate of Status Desire</li></ol>	d 🔏	Fee Re		
22 City & Ctate		City & State					6. Election Campaign Finance	ind	\$5.00		
· City & State		28					Trust Fund Contribution	9 🔲	Added t	, I	
<b>23</b> Zip	Country	Zip Country				8. This corporation owes the	current year Ir	ntangible			
_	25	29 30			Personal Property Tax.			☐ Yes ☐ No			
24	9 Name and Address of Current				h	10. Name and Address of New Registered Agent					
	3. Harris and readings of Carrent			81	Name					}	
SIMS	, BOBBY J						A Line (D.O. Brown) - Louis Alast Acceptable)				
	SW 36 STREEET	82 Str			Stree	et Address	(P.O. Box Number is Not Acc	ceptable)		ļ	
	AUDERDALE FL 33312	83									
				84	City			F	85   Zip (	Code	
		and 607 1509 Etorida Statut	os the a	hove	-name	ed cornorat	ion submits this statement for	the purpose (	of changing its	registered	
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 types or grinted name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE											
OFFICE POLICE PROTORS						TO TOQUES OF THE	ADDITIONS/CHANGES TO	OFFICERS A	ND DIRECTO	RS IN 12	
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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)(1), 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 any address, with all other like empowered.

SIGNATURE:

04/05/99 \ 954/321-9661