Applied For

Fee Required \$5.00 May Be

Added to Fees

Not Applicable \$8.75 Additional

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

FILED May 13, 1999 8:00 am Secretary of State

05-13-1999 90025 016 ***150.00

DOCUMENT #	P09000071	054
DOCOMENT #	PSOUUUU/	U04

1. Corporation Name SIMONSON INVES	1 00000					
Principal Place of Business		Mailing Address				
2401 SOUTH OCEAN BLVD. #2203		2401 SOUTH OCEA #2203	N BLVD.			
HOLLYWOOD FL 33019	, 1104			DO NOT WRITE IN THIS SPAC		
						3. Date Incorporated or Qualifed 08/14/1998
Principal Place of Busine 21	SS	2a. Mailing Addres	s			4. FEI Number 65-0860263
Suite, Apt. #, etc.		Suite, Apt. #, e	tc.			5. Certifcate of Status Desired
City & State		City & State		-		6. Election Campaign Financing Trust Fund Contribution
Zip	Country 5	Zip Country 29 30		This corporation owes the current year Intangible Personal Property Tax.		
	and Address of Current			T		10. Name and Address of New Registered Agent
ROSENBERG, AI	rthur r Deral Highway			81 82 83	Name Street Add	ress (P.O. Box Number is Not Acceptable)

|--|--|

	DO NOT WRITE IN THIS SPACE
3.	Date Incorporated or Qualifed

FT-LAUDERDALE FL 33308		- - ;					
			84			FL	Code
office or re	to the provisions of Sections 607.0502 and 607.150 egistered agent, or both, in the State of Florida. Suc m familiar with, and accept the obligations of, Sectio	n change was auth	onzea by	tne como	corporation submits this statement for the pur pration's board of directors. I hereby accept the	rpose of changing its ne appointment as re	registered gistered
SIGNATURE						DATE	
	Signature, typed or printed name of registered agent and title if applications			t signature r	equired when reinstating) ADDITIONS/CHANGES TO OFFICE		DS IN 12
12.	OFFICERS AND DIRECTOR	S DELETE	13.	·	ADDITIONS/CHANGES TO OFFIC	Change	Addition
TITLE	PVST	☐ OELETE	1.1 TITLE				
NAME	BINSTOK, CHARLES		1.2 NAME				
STREET ADDRESS	2401 SOUTH OCEAN BLVD.		1.3 STREET	ADDRESS			
CITY-ST-ZIP	HOLLYWOOD FL 33019		1.4 CITY-S	T-ZIP			F*3 • 4-00-
TITLE	D	☐ DELETE	2.1 TITLE	ļ		☐ Change	Addition
NAME	BINSTOK, CHARLES		2.2 NAME				
STREET ADDRESS	2401 SOUTH OCEAN BLVD.		2.3 STREET	TADDRESS			
CITY-ST-ZIP	HOLLYWOOD FL 33019		2.4 CITY-5	T-ZIP			
TITLE		☐ DELETE	3.1 TITLE			Change	☐ Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET	ADDRESS			
CITY-ST-ZIP			3.4. CITY-S	T-ZIP			
TITLE	The second secon	OELETE	4.1 TITLE			Change	Addition
NAME			4. 2 NAME				
STREET ADDRESS			43 STREET	ADDRESS			
			4.4 CITY-S				
CITY-ST-ZIP TITLE		☐ DELETE	5.1 TITLE			☐ Change	Addition
NAME			5.2 NAME				
			53 STREET	TADDRESS			
STREET ADDRESS			5.4 CITY-S				ı
CITY-ST-ZIP		□ DELETE	6.1 TITLE	1-24		☐ Change	Addition
TITLE		□ beceit	6.2 NAME				
NAME				r ADDDCOA			
STREET ADDRESS				TADDRESS			
CITY-ST-ZIP	certify that the information supplied with this filling do		6.4 CITY-S		Lis Davida 440 07/0V/N Florido Statutos 15	ther certify that the	information
14 I horoby (Ob Doilit eidt diew bestons sooitemaatei ent teat untre-	es not augility for th	e exemnî	ion stated	a in Section 119.07138D, Florida Statutes, Flu	inser certify mat tile	· · · · · · · · · · · · · · · · · · ·

I hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(f), Florida Statutes. 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: