

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

 95 JUN 12 AM 9:09

DOCUMENT # S22585 (1)

1. Corporation Name

S.I.M. SHIPS STORE, INC.

Principal Place of Business

Mailing Address

**400 SUNNY ISLES BOULEVARD
NORTH MIAMI BEACH FL 33160**

**400 SUNNY ISLES BOULEVARD
NORTH MIAMI BEACH FL 33160**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 01/04/1991	3a. Date of Last Report 01/19/1994
4. FEI Number 65-0235603	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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

**GERKEN, JOHN H.
209 N.E. 95TH STREET, SUITE 5
MIAMI SHORES FL 33138-4816**

10. Name and Address of New Registered Agent

81. Name **William S Pegg II**
 82. Street Address (P.O. Box Number not Acceptable) **400 Sunny Isles Blvd**
 83. City **N M B** FL 85. Zip Code **33160**

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 **William S Pegg II** DATE **6/6/95**
(NOTE: Use of the registered agent's signature is required when resigning)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	☐ Change ☐ Addition
NAME	PEGG, WILLIAM S. II	1.2 NAME	
STREET ADDRESS	400 SUNNY ISLES BLVD	1.3 STREET ADDRESS	
CITY - ST - ZIP	N MIAMI BCH FL	1.4 CITY - ST - ZIP	☐ Change ☐ Addition
TITLE	DST	2.1 TITLE	
NAME	PEGG, DOLORES E.	2.2 NAME	
STREET ADDRESS	400 SUNNY ISLES BLVD	2.3 STREET ADDRESS	
CITY - ST - ZIP	N MIAMI BCH FL	2.4 CITY - ST - ZIP	☐ Change ☐ Addition
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	☐ Change ☐ Addition
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	☐ Change ☐ Addition
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	☐ Change ☐ Addition
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: **William S Pegg II** DATE **6/6/95** 305 944-9182
(Use of the registered agent's signature is required when resigning)

CR2E034 (3/95)