

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 11 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S26897 (6)
1. Corporation Name
NANCY G. DE SIMONE, INC.

Principal Place of Business
4097 NE 6TH AVENUE
OAKLAND PARK FL 33334

Mailing Address
4097 NE 6TH AVENUE
OAKLAND PARK FL 33334



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/24/1991	
21		26		4. FEI Number 65-0227679	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For Not Applicable	
22		27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23		28		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Zip	Country	Zip	Country		
24	25	29	30		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
DE SIMONE, NANCY G. 4097 NE 6TH AVENUE OAKLAND PARK FL 33334				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
		<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	DP			1.1 TITLE			
NAME	DE SIMONE, NANCY G.			1.2 NAME			
STREET ADDRESS	4097 NE 6TH AVENUE			1.3 STREET ADDRESS			
CITY-ST-ZIP	OAKLAND PARK FL			1.4 CITY-ST-ZIP			
TITLE			<input type="checkbox"/> DELETE	2.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				2.2 NAME			
STREET ADDRESS				2.3 STREET ADDRESS			
CITY-ST-ZIP				2.4 CITY-ST-ZIP			
TITLE			<input type="checkbox"/> DELETE	3.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE			<input type="checkbox"/> DELETE	4.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE			<input type="checkbox"/> DELETE	5.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE			<input type="checkbox"/> DELETE	6.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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: Nancy G. De Simone NANCY G. DE SIMONE 4/29/98 954-564-5421

CR2E034 (10/97)