SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**PROFIT** CORPORATION ANNUAL REPORT

1999

**DOCUMENT #** 1. Corporation Name



## FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## **FILED** Aug 02, 1999 8:00 am Secretary of State

08-02-1999 90001 041 \*\*\*550.00



SIMCOM	TRAINING CENTE	RS, INC.							EPER EIBIL EJEN EI		
<del></del>											
Principal Place of Business 2920 PIPER DR VERO BEACH FL 32960			Mailing Address 2920 PIPER DR VERO BEACH FL 32960					DO NOT WRITE IN	THIS SPACE		
US			US					3. Date Incorporated or Qualified			
								09/12/1991			Ì
2. Principal Place of Business			2a. Mailing Address					4. FEI Number	Applied For		7
21			26					59-3095799		Not Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.					5. Certificate of Status Desired	1 *	5 Additional—	- -
22	·		27					S. Octanoste of States Desired	Fe	e Required	_
City & State	е		City & State					6. Election Campaign Financing \$5.00 May Be			
23			28					Trust Fund Contribution			
Zip	` <del>⊢-</del> - `		Zip		Country			8. This corporation owes the current year Intangible Personal Property.			
24 25 9. Name and Address of Current			<u> </u>		30	10		Intangible Personal Property. Yes No  10. Name and Address of New Registered Agent			-
	5. Name and Addres	S OI CUITEIR IX	gistered	Agent		81 _	Name _				I
ROSSWAY, BRADLEY W ESQ				B&C C			3&C Cor	Corporate Services of Central Florida, Inc.			
756 BEACHLAND BLVD						82 7	Street Addr 390 Nor	ress (P.O. Box Number is Not Acceptable) th Orange Avenue, Suit	Suite 1100		
VERO BEACH FL 32963				83			750 1101				7
									l-al ·		-
						84 City ORL		!ANdo	FL  85	Zip Code 3 Z 80 /	
office or agent. I a	registered agent, or both, am familiar with, and acce RSC COMOMATE	in the State of Fept the obligation SETVICE	lorida. Su is of, secti S OI	ich change was a on 607.0505, Fi CENTTAL T	uthorized vida Stat 10110	oby tr utes. I.a.	Inc.	ration submits this statement for the purpose on's board of directors. I hereby accept the	of changing it appointment a	s registered s registered	
SIGNATURE BY DOUGLAS I STATE S								uired when reinstating)  ADDITIONS/CHANGES TO OFFICE	S AND DIRE	CTORS IN 12	⊢g
TITLE	PTD	FICERS AND D	IRECTOR		13.	n e	P	a acid ose	Char		(5/49)
NAME	SCOTT, ROBERT D			DELETE		1.2 NAME		ALTER DAVID	Chai	ge Addition	F034
STREET ADDRESS	295 - 14TH AVE.				1.3 STREET AU			500 MUNICIPAL DR.			
CITY-ST-ZIP	VERO BEACH FL 329	162						RLANDO 12L 32819			
TITLE	C/D			DELETE		2.1 TITLE		HEAVE VOG	Char	ge Addition	٦,
NAME	GODFREY, GEORGE W			CP OCCCIT	2.2 NAME						
STREET ADDRESS	2783 CAMDEN ROAD				2.3 ST	REET AL	DORESS	•			
CITY-ST-ZIP	CLEARWATER FL 33759			/ 2			IP			_	
TITLE	S/D		DELETE	3.1 TI	LE_	25	C TROS	Char	ge Addition		
NAME	GODFREY, JEANETTE A.M.		3.2 NAME		W	Illiam HARVEY SOO NW 36Th ST SUITE	16				
STREET ADDRESS	2783 CAMDEN ROAL				3.3 ST	REET AL	DDRESS 50	500 NW 36Th ST JUITE	17		
CITY-ST-ZIP	<b>CLEARWATER FL 33</b>	759			3.4 CI	TY-ST-Z	IP M	11Ami FL 33/22			_
TITLE	ALES			DELETE	4.1 TI	rLE			Char	ige Addition	.
NAME					4.2 NA	ME					
STREET ADDRESS					4.3 ST	REET AC	DDRESS				
CITY-ST-ZIP						TY-ST-Z	(P				4
TITLE				DELETE	5.1 TI	ΓLE			Char	ige L Addition	
NAME					5.2 NA	ME					
STREET ADDRESS							DDRESS				
CITY-ST-ZIP						TY-ST-Z	IP .			——————————————————————————————————————	-
TITLE	The Market			DELETE	6.1 Ti				[] Char	ige Addition	·
NAME -	F 555 \$ 1757				6.2 NA	ME					- 1

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 attachage with an address.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

of Shield Color

NAME

STREET ADDRESS

CITY-ST-ZIP