

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/94: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
 Sandra B. Morham
 Secretary of State
 DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 JUL -6 AM 9:27

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # V55598

(9)

1. Corporation Name

SIMPSON'S ESTATE BUYING, INC.

Principal Place of Business

**11401 PINES BLVD
SUITE 270
PEMBROKE PINES FL 33026**

Mailing Address

**11401 PINES BLVD
SUITE 270
PEMBROKE PINES FL 33026**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/03/1992

3a. Date of Last Report
10/31/1994

4. FID Number
65-0341938

Applied For
 Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Electronic Campaign Financing
 Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

8. This corporation has failed, for intangible tax under s. 199.032
 Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21. Suite, Apt. #, etc.

22. City & State

24. Zip

2a. Mailing Address

26. Suite, Apt. #, etc.

27. City & State

29. Zip

9. Name and Address of Current Registered Agent

**SILBERGLEIT, DAVID
18800 NE 2 AVE.
#204
MIAMI FL 33169**

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83. City

84. State

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

Signature of individual or registered agent and the FID Number

Signature of registered agent and the FID Number

DATE

OFFICERS AND DIRECTORS

12. NAME
STREET ADDRESS
CITY, ST, ZIP

**DP
ZIMMERMAN, BERNARD
11401 PINES BLVD STE 270
PEMBROKE PINES FL**

**DVP
MATALON, JACK
11401 PINES BLVD STE 270
PEMBROKE PINES FL**

13. NAME
STREET ADDRESS
CITY, ST, ZIP

1.1 TITLE ☐ Change ☐ Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY, ST, ZIP ☐ Change ☐ Addition
 2.1 TITLE ☐ Change ☐ Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY, ST, ZIP ☐ Change ☐ Addition
 3.1 TITLE ☐ Change ☐ Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY, ST, ZIP ☐ Change ☐ Addition
 4.1 TITLE ☐ Change ☐ Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY, ST, ZIP ☐ Change ☐ Addition
 5.1 TITLE ☐ Change ☐ Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY, ST, ZIP ☐ Change ☐ Addition
 6.1 TITLE ☐ Change ☐ Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY, ST, ZIP

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(1)(b), 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. I am an officer or director of the corporation or the receiver or trustee empowered to make this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report as an officer or director with an address.

SIGNATURE:

Bernard Zimmerman
 SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(905) 444-3811
 Telephone Number

CR2004 (3/95)