

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 219961 (0)

1. Corporation Name
COOPER, SIMMS, NELSON & MOSLEY, INC.



Principal Place of Business Mailing Address
**271 W. CANTON AVENUE
P.O. BOX 1480
WINTER PARK FL 32789**

3. Date Incorporated or Qualified **01/01/1959** 3a. Date of Last Report **04/21/1995**

21	2. Principal Place of Business Suite, Apt. #, etc.	26	2a. Mailing Address Suite, Apt. #, etc.	4.	FEI Number 59-0863720	Applied For
22	City & State	27	City & State	5.	Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6.	Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**SIMMS, BRITAIN A.
271 W CANTON AVE
WINTER PARK FL 32789**

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMMS, S. A.	1.2 NAME	
STREET ADDRESS	271 W CANTON AVE	1.3 STREET ADDRESS	
CITY - ST - ZIP	WINTER PK, FL 00000	1.4 CITY - ST - ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMMS, B A	2.2 NAME	
STREET ADDRESS	271 W CANTON AVE	2.3 STREET ADDRESS	
CITY - ST - ZIP	WINTER PK, FL 00000	2.4 CITY - ST - ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOSLEY, L H	3.2 NAME	
STREET ADDRESS	271 W CANTON AVE	3.3 STREET ADDRESS	
CITY - ST - ZIP	WINTER PK, FL 00000	3.4 CITY - ST - ZIP	
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMMS, ROBERT B	4.2 NAME	
STREET ADDRESS	271 W CANTON AVE	4.3 STREET ADDRESS	
CITY - ST - ZIP	WINTER PARK FL	4.4 CITY - ST - ZIP	
TITLE	VD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAVRON, JR J R	5.2 NAME	
STREET ADDRESS	271 W CANTON AVE	5.3 STREET ADDRESS	
CITY - ST - ZIP	WINTER PARK FL	5.4 CITY - ST - ZIP	
TITLE	SD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEERY, SANDRA K	6.2 NAME	
STREET ADDRESS	271 W CANTON AVE	6.3 STREET ADDRESS	
CITY - ST - ZIP	WINTER PARK FL	6.4 CITY - ST - ZIP	

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 as an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Stephen A. Simms 2-2-96 407/644-8689

Date

Daytime Phone #

CR2E034 (12/95)