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FILED
Apr 07 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997
 FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham 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 **271 W. CANTON AVENUE**
P.O. BOX 1480 **P.O. BOX 1480**
WINTER PARK FL 32789 **WINTER PARK FL 32789-3188**

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

3. Date Incorporated or Qualified **01/01/1959** 3a. Date of Last Report **02/09/1996**
 4. FEI Number **59-0863720** 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

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 **Stephen A. Simms**
 82 Street Address (P.O. Box Number is Not Acceptable) **271 West Canton Avenue**
 83
 84 City **Winter Park** **FL** 85 Zip Code **32789**

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		DELETE
TITLE	VD	<input type="checkbox"/>
NAME	SIMMS, S. A.	
STREET ADDRESS	271 W CANTON AVE	
CITY-ST-ZIP	WINTER PK, FL 00000	
TITLE	PD	<input type="checkbox"/>
NAME	SIMMS, B A	
STREET ADDRESS	271 W CANTON AVE	
CITY-ST-ZIP	WINTER PK, FL 00000	
TITLE	VD	<input type="checkbox"/>
NAME	MOSLEY, L H	
STREET ADDRESS	271 W CANTON AVE	
CITY-ST-ZIP	WINTER PK, FL 00000	
TITLE	VD	<input type="checkbox"/>
NAME	SIMMS, ROBERT B	
STREET ADDRESS	271 W CANTON AVE	
CITY-ST-ZIP	WINTER PARK FL	
TITLE	VD	<input type="checkbox"/>
NAME	HAVRON, JR J R	
STREET ADDRESS	271 W CANTON AVE	
CITY-ST-ZIP	WINTER PARK FL	
TITLE	SD	<input type="checkbox"/>
NAME	PEERY, SANDRA K	
STREET ADDRESS	271 W CANTON AVE	
CITY-ST-ZIP	WINTER PARK FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	President	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	Director		
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE	Director	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE	Director	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE	Vice President/Treasurer	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.2 NAME	Director		
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE	Vice President/Secretary	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5.2 NAME	Director		
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE	Director	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I do 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: _____ 3-18-97 407/644-8689
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)