


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

FILED
Jan 23 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 # F96000001946 (0)

1. Corporation Name
A.L. SIMMONS CONSULTANTS, INC.

Principal Place of Business 14100 BISCAYNE BLVD., BAY 2 NORTH MIAMI FL 33181	Mailing Address 14100 BISCAYNE BLVD., BAY 2 NORTH MIAMI FL 33181
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/18/1996	
21		26		4. FEI Number 75-2358191	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23 Zip Country		28 Zip Country		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	
24	25	29	30		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CHAMPION, EDWIN P. 14100 BISCAYNE BLVD. BAY 2 NORTH MIAMI FL 33181				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PDC	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SIMMONS, AL			1.2 NAME			
STREET ADDRESS	1200 ODESSA DR.			1.3 STREET ADDRESS			
CITY-ST-ZIP	RICHARDSON TX 75080			1.4 CITY-ST-ZIP			
TITLE	VD	<input checked="" type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MORTON, JAMES R CPA			2.2 NAME			
STREET ADDRESS	1010 NE 204 TERRACE			2.3 STREET ADDRESS			
CITY-ST-ZIP	N. MIAMI BEACH FL			2.4 CITY-ST-ZIP			
TITLE	ST	<input type="checkbox"/> DELETE		3.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BARTON, LINDA			3.2 NAME			
STREET ADDRESS	2908 PARKSIDE DR.			3.3 STREET ADDRESS	2908 PARKSIDE DR		
CITY-ST-ZIP	PLANO TX			3.4 CITY-ST-ZIP			
TITLE	DC	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BYRNES, DAVID			4.2 NAME			
STREET ADDRESS	350 W I H-30			4.3 STREET ADDRESS			
CITY-ST-ZIP	GARLAND TX 75043			4.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CHAMPION, EDWIN			5.2 NAME			
STREET ADDRESS	2600 S. OCEAN DR., #311			5.3 STREET ADDRESS			
CITY-ST-ZIP	HOLLYWOOD FL 33019			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: _____ NATURE REQUIRED

1-14-98

CR2E034 (10/97)