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Apr 28 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 # 360694 (4)

1. Corporation Name
ROY W. SIMPSON-BROKER, INCORPORATED

Principal Place of Business
P.O. BOX 1249
DE LEON SPRINGS FL 32130-1249

Mailing Address
P.O. BOX 1249
DE LEON SPRINGS FL 32130-1249



3. Date Incorporated or Qualified 03/04/1970
3a. Date of Last Report 04/18/1996

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-1286241		Applied For	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.				Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip Country		28 Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Zip Country		29 Zip Country		30		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

SIMPSON, LINDA
711 INTRACOASTAL DRIVE
FORT LAUDERDALE FL 33304

10. Name and Address of New Registered Agent

81 Name	SIMPSON, Linda
82 Street Address (P.O. Box Number is Not Acceptable)	5531 EAST AVENUE
83	
84 City	DeLeon Springs, Fla. FL
85 Zip Code	32130

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P
NAME	SIMPSON, LINDA	1.2 NAME	Simpson, Linda
STREET ADDRESS	711 INTRACOASTAL DR.	1.3 STREET ADDRESS	5531 EAST AVE.
CITY - ST - ZIP	FT. LAUDERDALE FL	1.4 CITY - ST - ZIP	DeLeon Springs, Fla. 32130-1249
TITLE	S	2.1 TITLE	S
NAME	SIMPSON, LINDA	2.2 NAME	Simpson, Linda
STREET ADDRESS	711 INTRACOASTAL DRIVE	2.3 STREET ADDRESS	5531 EAST AVE.
CITY - ST - ZIP	FORT LAUDERDALE FL	2.4 CITY - ST - ZIP	DeLeon Springs, Fla. 32130
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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: *Linda Simpson* Pres. Linda Simpson, Pres. 4/22/97 904-9855152
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)