


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

FILED  
May 05 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 594329 (5)

1. Corporation Name  
MICKLER SIMMS MORTGAGE SERVICES, INC.

Principal Place of Business

4321 BAY-TO-BAY BLVD.  
TAMPA FL 33629  
US

Mailing Address

4321 BAY TO BAY  
TAMPA FL 33629-6606  
US

3. Date Incorporated or Qualified 11/27/1978	3a. Date of Last Report 05/01/1996
4. FEI Number 59-2020456	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

~~SIMMS, NANCY W~~  
~~5020 MARINER DRIVE~~  
~~TAMPA FL 33609~~

10. Name and Address of New Registered Agent

81 Name  
Mickler, Joseph Raymond  
82 Street Address (P.O. Box Number is Not Acceptable)  
83 5001 DICKENS AVE  
84 City  
TAMPA  
85 Zip Code  
FL 33629

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

*Joseph Raymond Mickler*  
Joseph Raymond Mickler

4-25-97

DATE

12. OFFICERS AND DIRECTORS	
TITLE	VS <input checked="" type="checkbox"/> DELETE
NAME	<del>SIMMS, WILLIAM V.</del>
STREET ADDRESS	<del>5020 MARINER</del>
CITY - ST - ZIP	<del>TAMPA FL</del>
TITLE	PD <input type="checkbox"/> DELETE
NAME	MICKLER, JOSEPH RAYMOND
STREET ADDRESS	5001 DICKENS AVE.
CITY - ST - ZIP	TAMPA FL
TITLE	<del>V</del> <input checked="" type="checkbox"/> DELETE
NAME	<del>VALDEZ, R. RENEE</del>
STREET ADDRESS	<del>820 GREENWALD DR.</del>
CITY - ST - ZIP	<del>TAMPA FL</del>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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

*Joseph Raymond Mickler*  
Joseph Raymond Mickler 4-25-97 813-835-0456

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)