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Feb 04 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 # 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

3. Date Incorporated or Qualified
04/18/1996

3a. Date of Last Report

4. FEI Number

75-2358191

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

WRAGG, WAYNE W
14100 BISCAYNE BLVD., BAY 2
NORTH MIAMI FL 33181

10. Name and Address of New Registered Agent

81 Name

EDWIN P. CHAMPION

82 Street Address (P.O. Box Number is Not Acceptable)

14100 BISCAYNE BLVD., BAY 2

83

84 City

NORTH MIAMI

FL

85 Zip Code
33181

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

Edwin P. Champion

(NOTE: Registered Agent signature required when reinstating)

1/29/97

DATE

12. OFFICERS AND DIRECTORS

TITLE PDC ☐ DELETE

NAME SIMMONS, AL
STREET ADDRESS 1200 ODESSA DR.
CITY- ST- ZIP RICHARDSON TX 75080

TITLE VD ☐ DELETE

NAME MORTON, JAMES R CPA
STREET ADDRESS 272 GOLDMAN LANE
CITY- ST- ZIP MOCKVILLE NC 27020

TITLE ST ☐ DELETE

NAME BARTON, LINDA CPA
STREET ADDRESS 2908 PARKSID DR.
CITY- ST- ZIP PLANO TX 75075

TITLE DC ☐ DELETE

NAME BYRNES, DAVID
STREET ADDRESS 350 W I H-30
CITY- ST- ZIP GARLAND TX 75043

TITLE D ☐ DELETE

NAME CHAMPION, EDWIN
STREET ADDRESS 2800 S. OCEAN DR., #311
CITY- ST- ZIP HOLLYWOOD FL 33019

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

1010 N 6204 TERRACE
NORTH MIAMI BEACH, FL 33179

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

BARTON, LINDA

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ 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: A.L. SIMMONS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-9-97 305-944-6252

0320466

CR2E034 (9/96)