

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Worham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

5-11-95 11:5:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K03940** (9)

1. Corporation Name:

SIMMONS FINANCIAL CONSULTING, INC.

Principal Place of Business

% RICHARD E. SIMMONS
150 E. PALMETTO PARK RD
BOCA RATON FL 33432

Mailing Address

333 W CAMINO GARDENS BLVE
201
BOCA RATON FL 33432
US

DO NOT WRITE IN THIS SPACE

3. Date of Incorporation (if registered) **11/25/1987** 3a. Date of Last Report **05/01/1994**
4. FEI Number **65-0015626** Applied For
Not Applicable

2. Principal Place of Preparation 2a. Mailing Address
21 **333 W. CAMINO GARDENS BLVD.** 26 **333 W. CAMINO GARDENS BLVD**

22 **# 201** 27
23 **BOCA RATON FLORIDA** 28
24 **33432** 25 **US** 29 30

5. Certificate of Status (Checked) **\$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

**SIMMONS, RICHARD E.
150 E. PALMETTO PARK RD
BOCA RATON FL 33401**

10. Name and Address of New Registered Agent

B1 Name
B2 Street Address (P.O. Box Number if Not Applicable) **333 W. CAMINO GARDENS BLVD.**
B3 **SUITE 201**
B4 City **BOCA RATON** B5 State **FL** B6 Zip Code **33432**

11. Pursuant to the provisions of Sections 199.031, 199.032 and 199.033, 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, thereby accept the appointment of registered agent. I am hereby withdrawing the appointment of the former agent in Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS

NAME	PD
SIMMONS, RICHARD E.	
STREET ADDRESS	755 NE 32ND ST.
CITY, STATE, ZIP	BOCA RATON FL
NAME	V
SIMMONS, CAROLYN R.	
STREET ADDRESS	755 NE 32ND ST.
CITY, STATE, ZIP	BOCA RATON FL
NAME	ST
WOOD, SUSAN	
STREET ADDRESS	16 SOUTH SWINTON
CITY, STATE, ZIP	DELRAY BEACH FL

13. ADDITIONAL CHANGES TO OFFICERS, DIRECTORS, OR STOCKHOLDERS

1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. NAME	
4. NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5. NAME	
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26. NAME	
27. NAME	
28. NAME	
29. NAME	
30. NAME	

14. I hereby certify that the information supplied with this filing is accurately furnished and does not qualify for the exemption stated in Section 199.031, Florida Statutes. I further certify that the information furnished 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 officer or trustee empowered to file this report as required by Chapter 199, Florida Statutes, and that my name appears on Block 12 or Block 13 of this document, or on any additions with an address.

SIGNATURE: *Richard E. Simmons*
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

57-95 (607) 328-9790