


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

FILED

Jan 22 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # K69628 (1)		
1. Corporation Name SIMPSON & ASSOCIATES, INC.		

Principal Place of Business 21310 HIGHWAY 98 N TRILBY FL 33593	Mailing Address 21310 HIGHWAY 98 N TRILBY FL 33593
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/01/1989	
21		26	P.O. Box 187	4. FEI Number 59-2935327	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For Not Applicable	
22		27		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23		28	TRILBY, FL	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Zip	Country	Zip	Country		
24		29	33593	30 USA	

9. Name and Address of Current Registered Agent SIMPSON, WILTON E 21310 HWY 98 N TRILBY FL 33593				10. Name and Address of New Registered Agent	
				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				FL	85 Zip Code

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	DPT	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SIMPSON, GLORIA J			1.2 NAME			
STREET ADDRESS	P.O.BOX 347 N/A			1.3 STREET ADDRESS			
CITY-ST-ZIP	TRILBY FL 33593			1.4 CITY-ST-ZIP			
TITLE	VPS	<input type="checkbox"/> DELETE		2.1 TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	MALONE, ARNOLD			2.2 NAME	MALONE, ARNOLD		
STREET ADDRESS	21310 HWY 98, NORTH			2.3 STREET ADDRESS	21310 HWY 98, NORTH		
CITY-ST-ZIP	TRILBY FL 33593			2.4 CITY-ST-ZIP	TRILBY, FL, 33593		
TITLE	V	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SIMPSON, WILTON E			3.2 NAME			
STREET ADDRESS	5384 LEISURE STREET			3.3 STREET ADDRESS			
CITY-ST-ZIP	TRILBY FL 33593			3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME				4.2 NAME	SECRETARY REITTINGER, WAYNE F.		
STREET ADDRESS				4.3 STREET ADDRESS	36908 CHANLEY ROAD		
CITY-ST-ZIP				4.4 CITY-ST-ZIP	2EPHYRHILLS, FL 33541		
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				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: 1 ~~SIGNATURE REQUIRED~~

1/12/98 (352) 583-4648

CR2E034 (10/97)