

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

CORPORATION  
ANNUAL REPORT  
1995



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

**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**  
95 APR 14 PM 3:41

**DOCUMENT # P34589 (2)**

1. Corporation Name  
**SIMMONS OUTDOOR CORPORATION**

Principal Place of Business  
**C/O NOEL GROUP, INC  
667 MADISON AVENUE  
NEW YORK NY 10021**

Mailing Address  
**2120 KILLEARNEY WAY  
TALLAHASSEE FL 32308  
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified  
**07/08/1991**

3a. Date of Last Report  
**04/20/1994**

4. FEI Number  
**65-0272347**

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 2120 KILLEARNEY WAY

Suite, Apt. #, etc. 26

22

City & State 27

23 TALLAHASSEE, FL

Zip 24 32308

Country 25 USA

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PARALEGAL & ATTORNEY SERVICE BUREAU, INC.  
1020 EAST LAFAYETTE STREET, SUITE 110  
TALLAHASSEE FL 32301**

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

Signature, typed or printed name of registered agent and his or her applicant

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                 |                                  |
|-----------------|----------------------------------|
| TITLE           | <b>PD</b>                        |
| NAME            | <b>COSPER, FREDERICK, II</b>     |
| STREET ADDRESS  | <b>2120 KILLEARNEY WAY</b>       |
| CITY - ST - ZIP | <b>TALLAHASSEE FL</b>            |
| TITLE           | <b>S</b>                         |
| NAME            | <b>SNOW, N. NICOLL</b>           |
| STREET ADDRESS  | <b>2120 KILLEARNEY WAY</b>       |
| CITY - ST - ZIP | <b>TALLAHASSEE FL</b>            |
| TITLE           | <b>D</b>                         |
| NAME            | <b>BENNETT, WILLIAM L.</b>       |
| STREET ADDRESS  | <b>667 MADISON AVE.</b>          |
| CITY - ST - ZIP | <b>NEW YORK NY</b>               |
| TITLE           | <b>D</b>                         |
| NAME            | <b>BUONICONTI, NICHOLAS</b>      |
| STREET ADDRESS  | <b>2601 S BAYSHORE DR, #1600</b> |
| CITY - ST - ZIP | <b>MIAMI FL</b>                  |
| TITLE           | <b>D</b>                         |
| NAME            | <b>STEIN, KAREN BRENNER</b>      |
| STREET ADDRESS  | <b>667 MADISON AVE.</b>          |
| CITY - ST - ZIP | <b>NEW YORK NY</b>               |
| TITLE           | <b>D</b>                         |
| NAME            | <b>FRIEDMAN, HERBERT M</b>       |
| STREET ADDRESS  | <b>480 PARK AVE</b>              |
| CITY - ST - ZIP | <b>NY NY</b>                     |

|                     |                              |  |
|---------------------|------------------------------|--|
| 1 1 TITLE           | <b>PRESIDENT</b>             | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1 2 NAME            | <b>BRIDGMAN, LARRY W.</b>    |  |
| 1 3 STREET ADDRESS  | <b>2120 KILLEARNEY WAY</b>   |  |
| 1 4 CITY - ST - ZIP | <b>TALLAHASSEE, FL 32308</b> |  |
| 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 |                              |  |

**SEE ATTACHED LIST FOR ADDITIONAL DIRECTORS**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 037, Florida Statute; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an acknowledgment.

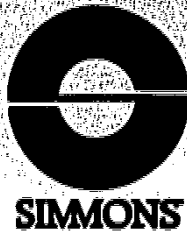
SIGNATURE: **N. NICOLL SNOW**

*N. Nicoll Snow* 4/14/95

904/878-5100

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

Daytime Phone #



P34589

SIMMONS OUTDOOR CORPORATION  
65-0272347

1995 CORPORATION ANNUAL REPORT

ADDITIONAL OFFICERS AND DIRECTORS

D  
RANDOLPH GUGGENHEIMER, JR.  
12 EAST 49TH STREET  
NEW YORK, NY 10017

D  
JAMES G. NIVEN  
C/O NOEL GROUP INC.  
667 MADISON AVENUE  
NEW YORK, NY 10021

D  
MICHEAL M. WEATHERLY  
1036 HARBOR ROAD  
SOUTHPORT, CT 06490