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

PROFIT CORPORATION ANNUAL REPORT

1997



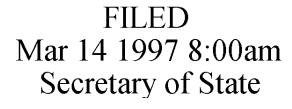
FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000084813 (1)

COOPER SIMMONS & ASSOCIATES, INC.





Principal Plac	Principal Place of Business Mailing Address		····			
4833 STAHL CT. ORLANDO FL 32817		4833 STAHL CT.	_			
· · · · · · · · · · · · · · · · · · ·					3. Date Incorporated or Qualified 11/01/1995	3a. Date of Last Report 05/01/1996
2. Principal Place of Business 21		2a. Mailing Addre	2a. Mailing Address 26		4. FE! Number 59-3339001	Applied For Not Applicable
Suite, Apt. #, etc.		n '	Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State	├ -¬ '		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	30	entry	This corporation has liability for in Florida Statutes	
	9. Name and Address of 6			T	10. Name and Address of New Reg	
SIMIS	MONS, MILTON C			81 Name		,
	3 STAHL CT.					
	ANDO FL 32817		8		dress (P.O. Box Number is Not Acceptabl	0)
	NINO LE 05011			83		
				63		
				84 City		FL 85 Zip Code
I OHICE OF E	to the provisions of Sections 60 registered agent, or both, in the am familiar with, and accept the	: State of Florida, Such chanoi	e was authorize	d by the corpor	rporation submits this statement for the pu ation's board of directors. I hereby accept	rpose of changing its registered the appointment as registered
SIGNATURE	Signature, typed or printed name of regist	ered agent and title if app cast/c	(NOTE Registere	d Agent signature requ	ulted when reinstating)	DATE
12.		RS AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE	
TETLE	D	DELE	18 1.11	1LF		Change Addition
NAME	SIMMONS, MILTON C		1.2 A	AMI MA		
STREET ADDRESS	4833 STAHL CT.		1.3 S	REET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32817		1.4 C	ITY-S1-ZIP		
TITLE	D	DELE	JE 2.1 11	TLF		Change Addition
NAME	SIMMONS, JANICE		22 N	AME		-
STREET ADDRESS	4833 STAHL CT.		235	IREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32817			HTY-ST-7IP		
TITLE		DELF				Change Addition
NAME			3.2 N	AME		· · · · · · · · · · · · · · · · · · ·
STREET ADDRESS			3.3 S1	IREET ADDRESS		
CITY-ST-ZIP			3.4 C	11Y-ST-7IP		
TITLE		DELE	IE 4.1 TO	li E		Change Addition
NAME			4 2 N	AMF		
STREET ADDRESS			4381	HELT ADDRESS		i
CITY-ST-ZIP			4 4 CI	1Y-\$1-7IP		
TITLE		DELE	1E 51 II	ILF.		Change Addition
NAME			5.2 N/	/ME		
STREET ADDRESS			5.3 ST	REET ADDRESS		
CITY-ST-ZIP				TY-S1-ZIP		
TITLE		DELE				Change Addition
NAME			6.2 NA	IME		,
STREET ADDRESS			6.3 \$1	RELT ADDRESS		
CITY-ST-ZIP				1Y-SI-7IP		

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 eath; 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