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95 MAY - 1 PM 3:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Norman Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 531884 (5)

1. Corporation Name
CUSTOM ASSOCIATES, INC.

Principal Place of Business 897 DAYTONA DR NE PALM BAY FL 32905	Mailing Address 897 DAYTONA DR NE PALM BAY FL 32905
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/20/1977		3a. Date of Last Report 04/28/1994	
2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 59-1733488	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30
9. Name and Address of Current Registered Agent		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent DOVEL, JAMES E 897 DAYTONA DR NE PALM BAY FL 32905				10. Name and Address of New Registered Agent					
				B1 Name					
				B2 Street Address (P.O. Box Number is Not Acceptable)					
				B3					
		B4 City		FL		B5 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 agent 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 _____ DATE _____
(Signature typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	NAME DOVEL, JAMES E	1.1 TITLE	D. JAMES E. DOVEL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 897 DAYTONA DR NE	CITY-ST-ZIP PALM BAY, FL 00000	1.2 NAME	897 DAYTONA DR. NE.
		1.3 STREET ADDRESS	Palm Bay, Fl. 32905
		1.4 CITY-ST-ZIP	
TITLE VD	NAME DOVEL, DWIGHT E.	2.1 TITLE	R.D. Dwight E. Dovel <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 159 MEMORY LANE	CITY-ST-ZIP PALM BAY, FL 00000	2.2 NAME	159 MEMORY LANE
		2.3 STREET ADDRESS	Palm Bay, Fl. 32907
		2.4 CITY-ST-ZIP	
TITLE VD	NAME CLAUDEE, JOSLYN I.	3.1 TITLE	V.D. CLAUDE E. J. J. III <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 2930 KIRKLAND AVE	CITY-ST-ZIP PALM BAY FL	3.2 NAME	2452 DIANNE DR.
		3.3 STREET ADDRESS	COCOA, FL.
		3.4 CITY-ST-ZIP	
TITLE SD	NAME DOVEL, JEAN H	4.1 TITLE	V.T.D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 897 DAYTONA DR NE	CITY-ST-ZIP PALM BAY FL	4.2 NAME	JAMES B. DOVEL
		4.3 STREET ADDRESS	159 MEMORY LANE
		4.4 CITY-ST-ZIP	PALM BAY, FL. 32907
TITLE	NAME	5.1 TITLE	V.D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	5.2 NAME	William J. Kessler
		5.3 STREET ADDRESS	451 MEACURY AVE - 104
		5.4 CITY-ST-ZIP	PALM BAY, FL. 32905
TITLE	NAME	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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: Jean H. Dovel - Secy. **Jean H. Dovel** **4-27-95 (407)-723-8551**
(Signature typed or printed name of signing officer on Director) Date (Day/Month/Year)