

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

**FILED**

**Apr 30 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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 32905-5506**

3. Date Incorporated or Qualified <b>04/20/1977</b>	3a. Date of Last Report <b>04/30/1996</b>
4. FEI Number <b>59-1733488</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

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  
 81. Name: **DOVEL, DWIGHT E**  
 82. Street Address (P.O. Box Number is Not Acceptable): **159 MEMORY LN**  
 83. City: **PALM BAY FL**  
 84. Zip Code: **32907**

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: **DWIGHT E. DOVEL** DATE: **4/27/97**

12. OFFICERS AND DIRECTORS		DELETE
TITLE	<b>D</b>	<input type="checkbox"/>
NAME	<b>DOVEL, JAMES E.</b>	
STREET ADDRESS	<b>897 DAYTONA DR NE</b>	
CITY-ST-ZIP	<b>PALM BAY FL</b>	
TITLE	<b>PD</b>	<input type="checkbox"/>
NAME	<b>DOVEL, DWIGHT E.</b>	
STREET ADDRESS	<b>159 MEMORY LANE</b>	
CITY-ST-ZIP	<b>PALM BAY FL</b>	
TITLE	<b>STD</b>	<input type="checkbox"/>
NAME	<b>DOVEL, JEAN</b>	
STREET ADDRESS	<b>897 DAYTONA DRIVE NE</b>	
CITY-ST-ZIP	<b>PALM BAY FL</b>	
TITLE	<b>SD</b>	<input type="checkbox"/>
NAME	<b>DOVEL, JEAN H</b>	
STREET ADDRESS	<b>897 DAYTONA DR NE</b>	
CITY-ST-ZIP	<b>PALM BAY FL</b>	
TITLE	<b>VD</b>	<input type="checkbox"/>
NAME	<b>BUCK, JAMES</b>	
STREET ADDRESS	<b>118 BARNACLE PLACE</b>	
CITY-ST-ZIP	<b>ROCKLEDGE FL</b>	
TITLE	<b>VD</b>	<input type="checkbox"/>
NAME	<b>LLOYD JR., EDWARD</b>	
STREET ADDRESS	<b>2219 ROYAL POINCIANA DRIVE</b>	
CITY-ST-ZIP	<b>MELBOURNE FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		CHANGE	ADDITION
1.1 TITLE	<b>D</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
NAME	<b>STACEY Kees-DOVEL</b>		
STREET ADDRESS	<b>159 MEMORY LN</b>		
CITY-ST-ZIP	<b>PALM BAY FL 32907</b>		
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

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 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: **Dwight E. Dovel** DATE: **4/27/97** 407-723-8551

CR2E034 (9/96)