


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

FILED
Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90176 031 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 531884

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

2. Principal Place of Business 21 897 DAYTONA DR	2a. Mailing Address 26 897 DAYTONA DR
Suite, Apt. #, etc. 22 PALM BAY	Suite, Apt. #, etc. 27 PALM BAY
City & State 23 FL	City & State 28 FL
Zip 24 32905	Country 25 Barward
	Country 29 32905
	Country 30 Barward

4. FEI Number 59-1733488	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$5.00 May Be Added to Fees
8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

DOVEL, DWIGHT E
159 MEMORY LANE
PALM BAY FL 32907

10. Name and Address of New Registered Agent

81 Name
UN CHANGED

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 SD	<input type="checkbox"/> DELETE	1.1 TITLE VP-D-T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KURES-DOVEL, STACEY		1.2 NAME Keres-Dovel, Stacey	
STREET ADDRESS 159 MEMORY LN		1.3 STREET ADDRESS 159 Memory Ln	
CITY-ST-ZIP PALM BAY FL		1.4 CITY-ST-ZIP PALM BAY, FL	
TITLE PD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DOVEL, DWIGHT E.		2.2 NAME	
STREET ADDRESS 159 MEMORY LANE		2.3 STREET ADDRESS	
CITY-ST-ZIP PALM BAY FL		2.4 CITY-ST-ZIP	
TITLE STD	<input type="checkbox"/> DELETE	3.1 TITLE S-D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DOVEL, JEAN		3.2 NAME Dovel, Jean	
STREET ADDRESS 897 DAYTONA DRIVE NE		3.3 STREET ADDRESS	
CITY-ST-ZIP PALM BAY FL		3.4 CITY-ST-ZIP	
TITLE VD	<input type="checkbox"/> DELETE	4.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BUCK, JAMES		4.2 NAME Buck, James	
STREET ADDRESS 118 BARNACLE PLACE		4.3 STREET ADDRESS 118 BARNACLE PL	
CITY-ST-ZIP ROCKLEDGE FL		4.4 CITY-ST-ZIP Rockledge, FL	
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, with all other like empowered.

SIGNATURE: **Dwight Dovel** SIGNATURE: **Dwight Dovel** Date: **4/15/99** Daytime Phone #: **407-223-8557**

CR2E034 (1/1/98)