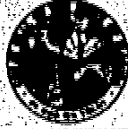


**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
**1995**



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 APR 17 PM 11:41

**DOCUMENT # 635539 (0)**

1. Corporation Name  
**DAWKINS, CASE & ASSOCIATES, INC.**

Principal Place of Business      Mailing Address  
**2530 NE 8TH ST  
FT LAUDERDALE FL 33304  
US**                                      **2530 NE 8TH ST  
FT LAUDERDALE FL 33304  
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified      3a. Date of Last Report  
**09/10/1979**                                      **04/01/1994**

2. Principal Place of Business      2a. Mailing Address  
**21**    **26**

Suite, Apt. #, etc.                              Suite, Apt. #, etc.  
**22**    **27**

City & State                                      City & State  
**23**    **28**

Zip                                      Country                                      Zip                                      Country  
**24**                                      **25**                                      **29**                                      **30**

4. FEI Number                                      Applied For  
**59-1936970**                                      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

6. This corporation has liability for intangible tax under S. 199.032, Florida Statutes       Yes       No

9. Name and Address of Current Registered Agent

**DAWKINS, JOHN T.  
2530 NE 8TH ST  
FT LAUDERDALE FL 33304**

10. Name and Address of New Registered Agent

**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 title if applicable.      (NOTE: Registered Agent signature required when registering)      DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>VSD</b>
NAME	<b>CASE, CY J.</b>
STREET ADDRESS	<b>4367 N. FEDERAL HWY</b>
CITY - ST - ZIP	<b>FT LAUDERDALE, FL 00000</b>
TITLE	<b>PTD</b>
NAME	<b>DAWKINS, JOHN T</b>
STREET ADDRESS	<b>2530 NE 8TH ST</b>
CITY - ST - ZIP	<b>FT LAUDERDALE, FL 00000</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
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	

14. I do hereby certify that the information furnished with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information in this 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, as applicable, or on an attached document with an address.

SIGNATURE:      **John T. Dawkins**      **4/12/95**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER OF POWER OF ATTORNEY      Date      Filing Fee #