FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # F43915 (0)

1. Corporation Name
TODD W. CAREY & ASSOCIATES, INC.

Principal Place of Business	Mailing Address
~~920 NE 13TH ST.~~ ~~FT. LAUDERDALE FL 33304~~ ~~US~~	~~920 NE 13TH ST~~ ~~FT. LAUDERDALE FL 33304~~ ~~US~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/09/1981
3a. Date of Last Report: ~~08/02/1994~~ 1995

2. Principal Place of Business
21 330 QUEENS COVE RD.
Suite, Apt. #, etc.
22
City & State
23 MOORESVILLE, NC
Zip 24 28115 Country 25 USA

2a. Mailing Address
26 330 QUEENS COVE RD
Suite, Apt. #, etc.
27
City & State
28 MOORESVILLE, NC
Zip 29 28115 Country 30 USA

4. FEI Number: 59-2123624 [ ] Applied For [ ] 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

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes [ ] Yes [X] No

9. Name and Address of Current Registered Agent

~~CAREY, CONSTANCE D.~~
~~920 NE 13TH ST~~
~~FT. LAUDERDALE FL 33304~~

10. Name and Address of New Registered Agent

81 Name: LAURIE YODER
82 Street Address (P.O. Box Number is Not Acceptable): 10759 NW 26th STREET
83
84 City: SUNRISE FL 85 Zip Code: 33322

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: Laurie Yoder LAURIE YODER 4/29/96
(Signature of Registered Agent) (Name of Registered Agent) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	STV		[X] Change [ ] Addition
NAME	CAREY, CONSTANCE D	1.1 TITLE	
STREET ADDRESS	2740 NE 17 ST.	1.2 NAME	
CITY-ST-ZIP	FT LAUDERDALE FL	1.3 STREET ADDRESS	330 QUEENS COVE RD.
TITLE	DP	1.4 CITY-ST-ZIP	MOORESVILLE, NC 28115
NAME	CAREY, TODD W	2.1 TITLE	[X] Change [ ] Addition
STREET ADDRESS	2740 NE 17 ST.	2.2 NAME	
CITY-ST-ZIP	FT LAUDERDALE FL	2.3 STREET ADDRESS	330 QUEENS COVE RD.
TITLE		2.4 CITY-ST-ZIP	MOORESVILLE, NC 28115
NAME		3.1 TITLE	[ ] Change [ ] Addition
STREET ADDRESS		3.2 NAME	
CITY-ST-ZIP		3.3 STREET ADDRESS	
TITLE		3.4 CITY-ST-ZIP	
NAME		4.1 TITLE	[ ] Change [ ] Addition
STREET ADDRESS		4.2 NAME	
CITY-ST-ZIP		4.3 STREET ADDRESS	
TITLE		4.4 CITY-ST-ZIP	
NAME		5.1 TITLE	[ ] Change [ ] Addition
STREET ADDRESS		5.2 NAME	200001829912
CITY-ST-ZIP		5.3 STREET ADDRESS	-05/20/96--01058--031
TITLE		5.4 CITY-ST-ZIP	***200.00
NAME		6.1 TITLE	[ ] Change [ ] Addition
STREET ADDRESS		6.2 NAME	
CITY-ST-ZIP		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 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), on an attached sheet, with an address.

SIGNATURE: Constance D. Carey Vice-Pres CONSTANCE D. CAREY 4/29/96 (704)664-9824
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Area Code and Daytime Phone Number)

SG 5-1-96