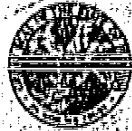


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR 15 AM 11:21

DOCUMENT # **F76855** (8)

1. Corporation Name
DAVID NYE AND ASSOCIATES, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
P O BOX 650517
MIAMI FL 33265-0517
US

Mailing Address
P O BOX 650517
MIAMI FL 33265-0517
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 04/20/1982		3a. Date of Last Report 01/25/1994	
4. FEI Number 59-2187992		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 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 21. Suite, Apt. #, etc. 22. City & State 23. Zip Country		2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip Country		9. Name and Address of Current Registered Agent NYE, DAVID S C 120 S.W. 5 AVENUE MIAMI FL 33130		10. Name and Address of New Registered Agent 81. Name 82. Street Address (P.O.-Box Number is Not Acceptable) 83. 84. City 85. Zip Code FL	
--	--	---	--	---	--	--	--

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 provisions of Sections 607.0506, Florida Statutes.

SIGNATURE: *[Signature]* DATE: **3-9-95**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	NYE, DAVID S C	1.2	
STREET ADDRESS	120 S.W. 5 AVENUE	1.3	
CITY-ST-ZIP	MIAMI FL	1.4	
TITLE	D	2.1	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	NYE, CLINTON	2.2	
STREET ADDRESS	120 SW 5TH AVE.	2.3	
CITY-ST-ZIP	MIAMI FL	2.4	
TITLE		3.1	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		3.2	
STREET ADDRESS		3.3	
CITY-ST-ZIP		3.4	
TITLE		4.1	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		4.2	
STREET ADDRESS		4.3	
CITY-ST-ZIP		4.4	
TITLE		5.1	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		5.2	
STREET ADDRESS		5.3	
CITY-ST-ZIP		5.4	
TITLE		6.1	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		6.2	
STREET ADDRESS		6.3	
CITY-ST-ZIP		6.4	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and I 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 proprietor 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: *[Signature]* DATE: **3-9-95** 305-552-0128