

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 # G50597 (5) 1. Corporation Name			
VAIL & ASSOCIATES, INC.			
Principal Place of Business		Mailing Address	
14411 COMMERCE WAY, SUITE 300 MIAMI LAKES, FL 33016		DO NOT WRITE IN THIS SPACE	
2. Principal Place of Business		3. Date Incorporated or Qualified	3a. Date of Last Report
21 14411 COMMERCE WAY Suite, Apt. #, etc.		07/20/1983	04/1995
22 SUITE 310 City & State		4. FEI Number	Applied For Not Applicable
23 MIAMI LAKES, FL Zip Country		59-2332365	
24 33016 25 USA		5. Certificate of Status Desired	\$8.75 Additional Fee Required
26 14411 COMMERCE WAY Suite, Apt. #, etc.		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
27 SUITE 310 City & State		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
28 MIAMI LAKES, FL Zip Country			
29 33016 30 USA			
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
DAVID G. VAIL 14411 COMMERCE WAY #300 MIAMI LAKES, FL 33016		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable) 14411 COMMERCE WAY	
		83 SUITE 310	
		84 City MIAMI LAKES	
		85 Zip Code FL 33016	
11. Pursuant to the provisions of Sections 607.0502 and 607.1608, 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 reinstating) DATE			
12. OFFICERS AND DIRECTORS			
TITLE	DP	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	VAIL, DAVID G	11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	14411 COMMERCE WAY #300 MIAMI LAKES	12 NAME	
CITY - ST - ZIP		13 STREET ADDRESS	14411 COMMERCE WAY, SUITE 310
		14 CITY - ST - ZIP	MIAMI LAKES, FL 33016
TITLE		21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY - ST - ZIP		24 CITY - ST - ZIP	
TITLE		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY - ST - ZIP		34 CITY - ST - ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 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)(k), 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			
Date 4/29/96 305-557-0303			
Daytime Phone # 5-1-96			