

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

3. Date Incorporated or Qualified **07/20/1983** 3a. Date of Last Report **04/1995**

2. Principal Place of Business 2a. Mailing Address
21 **14411 COMMERCE WAY** 26 **14411 COMMERCE WAY**
Suite, Apt. #, etc. Suite, Apt. #, etc.

4. FEI Number **59-2332365** Applied For Not Applicable

22 **SUITE 310** 27 **SUITE 310**
City & State City & State

5. Certificate of Status Desired **\$8.75** Additional Fee Required

23 **MIAMI LAKES, FL** 28 **MIAMI LAKES, FL**
Zip Country Zip Country

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

24 **33016** 25 **USA** 29 **33016** 30 **USA**

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

9. Name and Address of Current Registered Agent
**DAVID G. VAIL
14411 COMMERCE WAY #300
MIAMI LAKES, FL 33016**

10. Name and Address of New Registered Agent
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 607.1508, 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 reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	VAIL, DAVID G
STREET ADDRESS	14411 COMMERCE WAY #300 MIAMI LAKES
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	14411 COMMERCE WAY, SUITE 310
14 CITY - ST - ZIP	MIAMI LAKES, FL 33016
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	200001808872
54 CITY - ST - ZIP	-05/06/96--01030-033
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	***200.00
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: _____ DATE **4/29/96** DAYTIME PHONE # **305-557-0303**