

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

APPROVED AND FILED

95 MAY -1 PM 4:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995

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



DOCUMENT # H53713 (4)
 1. Corporation Name
V & M ASSOCIATES, INC.

Principal Place of Business: **9830 PINES BLVD. PEMBROKE PINES FL 33024**
 Mailing Address: **9830 PINES BLVD. PEMBROKE PINES FL 33024**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: **21**
 Suite, Apt. #, etc.: **22**
 City & State: **23**
 Zip: **24** Country: **25**

2a. Mailing Address: **26**
 Suite, Apt. #, etc.: **27**
 City & State: **28**
 Zip: **29** Country: **30**

3. Date Incorporated or Qualified: **04/24/1985** 3a. Date of Last Report: **05/01/1994**

4. FEI Number: **59-2585662** 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**

7. This corporation has liability for intangible tax under § 199.039, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
NIX, JACK VERN
9830 PINES BLVD.
PEMBROKE PINES FL 33024

10. Name and Address of New Registered Agent
 B1 Name: _____
 B2 Street Address (P.O. Box Number is Not Acceptable): _____
 B3 _____
 B4 City: _____ **FL** B5 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: _____ (NOTE: Registered Agent signature required when registering.) DATE: _____

12. OFFICERS AND DIRECTORS

1.1 TITLE	DPT
1.2 NAME	NIX, JACK VERN
1.3 STREET ADDRESS	2860 AZALEA DRIVE
1.4 CITY, ST, ZIP	COOPER CITY FL
2.1 TITLE	DS
2.2 NAME	NIX, MARIE
2.3 STREET ADDRESS	2860 AZALEA DRIVE
2.4 CITY, ST, ZIP	COOPER CITY FL
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY, ST, ZIP	
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DIRECTOR/PRESIDENT/TREA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	NIX, MARIE
1.3 STREET ADDRESS	2860 Azalea Dr, Cooper City, FL33026
1.4 CITY, ST, ZIP	
2.1 TITLE	DIRECTOR/ VICE PRES/ SEC <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	NIX, JACK VERN
2.3 STREET ADDRESS	2860 AZALEA DR., COOPER CITY FL33026
2.4 CITY, ST, ZIP	
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	700001481517
3.4 CITY, ST, ZIP	-05/09/95--01129--002
4.1 TITLE	****200.00 ****200.00
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 supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.03(3)(b), 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 140, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Marie Nix* **3/31/95** **205-431-8805**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR