FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 MAY -1 AM 5:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J74895** **(0)**

1. Corporation Name

SEXTON & ASSOC., INC.

Principal Place of Business	Mailing Address
9125 ME 2 AVE 16663 N.E. 19TH AVENUE MIAMI SHORES FL 33130 US	% MAX M. HAGEN 16663 N.E. 19TH AVENUE N. MIAMI BEACH FL 33162

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21	26 NEW ADDRESS
22 Suite, Apt. # NEW ADDRESS MAX M. HAGEN,	27 Suite MAX M. HAGEN, 3990 SHERIDAN ST. #104
23 City & 399 SHERIDAN ST. #104 HOLLYWOOD, FL 33021	28 HOLLYWOOD, FL 33021
24 Zip 25 Country	29 Zip 30 Country

3. Date Incorporated or Qualified: **05/28/1987**
3a. Date of Last Report: **05/01/1994**
4. FEI Number: **59-2831298** — 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 no intangible tax under s. 199.032 Florida Statutes [ ] Yes [X] No

9. Name and Address of Current Registered Agent

HAGEN, MAX M.
16663 N.E. 19TH AVENUE
N. MIAMI BEACH FL 33162

10. Name and Address of New Registered Agent

81 Name
82 Street Address NEW ADDRESS MAX M. HAGEN,
83 3990 SHERIDAN ST. #104
84 City HOLLYWOOD, FL 33021 FL 85 Zip Code

11. Pursuant to the provisions of sections 607.1502 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1. TITLE	[ ] Change [ ] Addition
NAME	SEXTON, EDWIN E.	1. NAME	
STREET ADDRESS	9125 NE 2 AVE	1. STREET ADDRESS	
CITY-ST-ZIP	MIAMI SHORES FL	1. CITY-ST-ZIP	
TITLE		2. TITLE	[ ] Change [ ] Addition
NAME		2. NAME	
STREET ADDRESS		2. STREET ADDRESS	
CITY-ST-ZIP		2. CITY-ST-ZIP	
TITLE		3. TITLE	[ ] Change [ ] Addition
NAME		3. NAME	
STREET ADDRESS		3. STREET ADDRESS	
CITY-ST-ZIP		3. CITY-ST-ZIP	
TITLE		4. TITLE	[ ] Change [ ] Addition
NAME		4. NAME	
STREET ADDRESS		4. STREET ADDRESS	
CITY-ST-ZIP		4. CITY-ST-ZIP	
TITLE		5. TITLE	[ ] Change [ ] Addition
NAME		5. NAME	
STREET ADDRESS		5. STREET ADDRESS	
CITY-ST-ZIP		5. CITY-ST-ZIP	
TITLE		6. TITLE	[ ] Change [ ] Addition
NAME		6. NAME	
STREET ADDRESS		6. STREET ADDRESS	
CITY-ST-ZIP		6. 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, 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: Edwin E. Sexton Edwin E. Sexton 4/26/95 (305) 758-9200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

0176185 CP