

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 17 PM 1:37

DOCUMENT # **K39365** (7)
1. Corporation Name
JAMES AYLWARD & ASSOCIATES, INC.

Principal Place of Business Mailing Address
% JAMES F. AYLWARD **% JAMES F. AYLWARD**
15221 FINTRY PL **15221 FINTRY PL**
MIAMI LAKES FL 33016-1424 **MIAMI LAKES FL 33016-1424**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **10/14/1988** 3a. Date of Last Report **01/25/1994**
4. FEI Number **65-0077815** 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 liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.
22. City & State 27. City & State
23. Zip Country 28. Zip Country
24. 25. 29. 30.

9. Name and Address of Current Registered Agent
AYLWARD, JAMES F.
15221 FINTRY PL
MIAMI LAKES FL 33016

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City **FL** 85. 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: _____ (Signature of Registered Agent) _____ (Signature of Secretary of State)

12. OFFICERS AND DIRECTORS	
TITLE	VD
NAME	AYLWARD, JAMES F.
STREET ADDRESS	15221 FINTRY PL
CITY, ST, ZIP	MIAMI LAKES FL
TITLE	PD
NAME	COX, SHARON A.
STREET ADDRESS	18330 NW 68TH AVE, APT H
CITY, ST, ZIP	MIAMI FL
TITLE	VD
NAME	MARTIN, EVELYN A.
STREET ADDRESS	20021 NW 82 CT
CITY, ST, ZIP	MIAMI FL
TITLE	TSD
NAME	AYLWARD, JAYNE R.
STREET ADDRESS	15221 FINTRY PL
CITY, ST, ZIP	MIAMI LAKES FL
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 type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY, ST, ZIP	
21. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	
23. STREET ADDRESS	925 NW 197 AVE
24. CITY, ST, ZIP	PEMBROKE PINES FL, 33029
31. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	
33. STREET ADDRESS	16203 NW 8 DRIVE
34. CITY, ST, ZIP	PEMBROKE PINES FL, 33028
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	
54. CITY, ST, ZIP	
61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	
63. STREET ADDRESS	
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 1907(2)(b), Florida Statutes. I further certify that the information included 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 recipient or transferee empowered to execute this report as required by Chapter 1907, Florida Statutes, and that my name appears in Block 12 or Block 13 of changes, or on an attachment with my address.

SIGNATURE: *James F. Aylward* VP **1/9/95** (305) 827-2216
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR
JAMES F. AYLWARD