

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Jan 17 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # K39365 (7)

1. Corporation Name
JAMES AYLWARD & ASSOCIATES, INC.



Principal Place of Business
% JAMES F. AYLWARD
15221 FINTRY PL
HIALEAH FL 33016-1424

Mailing Address
% JAMES F. AYLWARD
15221 FINTRY PL
HIALEAH FL 33016-1424

3. Date Incorporated or Qualified 10/14/1988
3a. Date of Last Report 01/25/1996

2. Principal Place of Business
21 15327 NW 60TH AVE.
Suite, Apt. #, etc.
22 SUITE # 245
City & State
23 MIAMI LAKES FLA.
Zip Country
24 33014 25 DADE

2a. Mailing Address
26 15327 NW 60TH AVE
Suite, Apt. #, etc.
27 SUITE # 245
City & State
28 MIAMI LAKES FLA
Zip Country
29 33014 30 DADE

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

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 SHARON A. COX
82 Street Address (P.O. Box Number is Not Acceptable) 15327 NW 60TH AVE
83 SUITE # 245
84 City MIAMI LAKES FL 85 Zip Code 33014

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: *Sharon A. Cox* SHARON A. COX DATE: 1/9/97

12. OFFICERS AND DIRECTORS

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	AYLWARD, JAMES F.	
STREET ADDRESS	15221 FINTRY PL	
CITY - ST - ZIP	MIAMI LAKES FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	COX, SHARON A.	
STREET ADDRESS	925 NW 197TH AVE	
CITY - ST - ZIP	PEMBROKE PINES FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MARTIN, EVELYN A.	
STREET ADDRESS	16203 NW 8 DRIVE	
CITY - ST - ZIP	PEMBROKE PINES FL	
TITLE	TSD	<input type="checkbox"/> DELETE
NAME	AYLWARD, JAYNE R.	
STREET ADDRESS	15221 FINTRY PL	
CITY - ST - ZIP	MIAMI LAKES FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
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 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	
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Sharon A. Cox* SHARON A. COX DATE: 1/9/97 DAYTIME PHONE # 305-877-2216

CR2E034 (9/96)