

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR -6 AM 9: 56

DOCUMENT # P94000060811 (4)

1. Corporation Name

VCG ASSOCIATES CORP.

Principal Place of Business

**4100 TIVOLI COURT
LAKE WORTH FL 33467**

Mailing Address

**4100 TIVOLI COURT
LAKE WORTH FL 33467**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

08/17/1994

3a. Date of Last Report

2. Principal Place of Business

21 6342 FOREST HILL BLVD

Suite, Apt. #, etc.

22 SUITE 283

City & State

23 W. PALM BEACH FL

Zip

24 33415

Country

25 US

2a. Mailing Address

26 6342 FOREST HILL BLVD

Suite, Apt. #, etc.

27 SUITE 283

City & State

28 W. Palm Beach FL

Zip

29 33415

Country

30 US

4. FEI Number

65-0521236

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

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name GERTRUDE BLASI
82 Street Address (P.O. Box Number is Not Acceptable) 6342 FOREST HILL BLVD.
83 SUITE 283
84 City W. PALM BEACH FL 85 Zip Code 33415

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 *X Gertrude Blasi*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reconstituting)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	BLASI, GERTRUDE
STREET ADDRESS	8 MARLBOROUGH COURT
CITY - ST - ZIP	ROCKVILLE CENTRE NY 11570
TITLE	D
NAME	BLASI, VALERIE
STREET ADDRESS	8 MARLBOROUGH COURT
CITY - ST - ZIP	ROCKVILLE CENTRE NY 11570
TITLE	D
NAME	BLASI, CHRISTOPHER
STREET ADDRESS	8 MARLBOROUGH COURT
CITY - ST - ZIP	ROCKVILLE CENTRE NY 11570
TITLE	D
NAME	BLASI, GREGORY
STREET ADDRESS	8 MARLBOROUGH COURT
CITY - ST - ZIP	ROCKVILLE CENTRE NY 11570
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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 110.07(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: *X Gertrude Blasi*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GERTRUDE BLASI

3/29/95 407-966-5511