

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P94000060811 (4)

1. Corporation Name

VCG ASSOCIATES CORP.



Principal Place of Business

Mailing Address

6342 FOREST HILL BLVD
SUITE 283
W. PALM BEACH FL 33415
US

6343 FOREST HILL BLVD
SUITE 283
W. PALM BEACH FL 33415
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

3. Date Incorporated or Qualified

08/17/1994

3a. Date of Last Report

04/06/1995

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

10. Name and Address of New Registered Agent

BLASI, GERTRUDE
6342 FOREST HILL BLVD.
SUITE 283
W. PALM BEACH FL 33415

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input type="checkbox"/> DELETE
NAME	BLASI, GERTRUDE	
STREET ADDRESS	8 MARLBOROUGH COURT	
CITY-ST-ZIP	ROCKVILLE CENTRE NY	
TITLE	S	<input type="checkbox"/> DELETE
NAME	BLASI, VALERIE	
STREET ADDRESS	8 MARLBOROUGH COURT	
CITY-ST-ZIP	ROCKVILLE CENTRE NY	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	BLASI, CHRISTOPHER	
STREET ADDRESS	8 MARLBOROUGH COURT	
CITY-ST-ZIP	ROCKVILLE CENTRE NY	
TITLE	T	<input type="checkbox"/> DELETE
NAME	BLASI, GREGORY	
STREET ADDRESS	8 MARLBOROUGH COURT	
CITY-ST-ZIP	ROCKVILLE CENTRE NY	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	ADDRESS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	6848 PARISIAN WAY
1.4 CITY-ST-ZIP	LAKE WORTH, FL. 33467
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	56 GIBSON ROAD
2.4 CITY-ST-ZIP	MILFORD, CONN. 06460
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	741 MILL VALLEY PLACE
3.4 CITY-ST-ZIP	W. PALM BEACH, FL. 33409
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	6848 PARISIAN WAY
4.4 CITY-ST-ZIP	LAKE WORTH, FL. 33467
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 119.07(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: Gertrude Blasi, Pres. GERTRUDE BLASI 4/11/96 407-966-5511
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #

CR2E034 (12/95)