

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**APPROVED
AND
FILED**

95 APR 26 PM 12: 50

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # 762512 (2)

1. Corporation Name
HOMER HOYT ADVANCED STUDIES INSTITUTE, INC.

Principal Place of Business THE HOYT CENTER #300 780 U.S. HWY. ONE N. PALM BEACH FL 33408	Mailing Address THE HOYT CENTER #300 780 U.S. HWY. ONE N. PALM BEACH FL 33408
---	---

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/19/1982	3a. Date of Last Report 01/27/1994
4. FBI Number 52-1263342	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent
**SELDIN, MAURY
THE HOYT CENTER #300
780 US HWY ONE
NORTH PALM BCH FL 33408**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	FISHER, JEFFREY D
STREET ADDRESS	3310 GOSPORT CT
CITY - ST - ZIP	BLOOMINGTON IN
TITLE	CPD
NAME	SELDIN, MAURY
STREET ADDRESS	5380 N OCEAN DR II-14J
CITY - ST - ZIP	SENGER ISLAND FL 33404
TITLE	AT
NAME	SELDIN, RACHEL
STREET ADDRESS	5380 N OCEAN DR II-14J
CITY - ST - ZIP	SENGER ISLAND FL
TITLE	DVP
NAME	SMITH, HALBERT
STREET ADDRESS	1650 N.W. 22ND CIRCLE
CITY - ST - ZIP	GAINESVILLE FL
TITLE	DT
NAME	RACSTER, RONALD
STREET ADDRESS	1775 COLLEGE ROAD
CITY - ST - ZIP	COLUMBUS OH
TITLE	D
NAME	VANDELL, KERRY
STREET ADDRESS	3301 TOPPING RD
CITY - ST - ZIP	MADISON WI

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	D/T/S
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)(b), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Maury Seldin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Maury Seldin

4/20/95

(407) 694-7621

Date (Daytime Phone #)