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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 762512

1. Corporation Name

HOMER HOYT ADVANCED STUDIES INSTITUTE, INC.

Principal Place of Business

THE HOYT CENTER #300
 760 U.S. HWY. ONE
 N. PALM BEACH FL 33408

Mailing Address

THE HOYT CENTER #300
 760 U.S. HWY. ONE
 N. PALM BEACH FL 33408



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	03/19/1982	
22	City & State	27	City & State	4. FEI Number -- Applied For	
23	Zip	28	Zip	52-1263342 Not Applicable	
24	Country	29	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25		30		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SELDIN, MAURY
THE HOYT CENTER #300
760 US HWY ONE
NORTH PALM BCH FL 33408

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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	D <input type="checkbox"/> DELETE	1.1 TITLE	AT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FISHER, JEFFREY D	1.2 NAME	Donohue, Ron M.
STREET ADDRESS	3310 GOSPORT CT	1.3 STREET ADDRESS	6372 142nd Street
CITY-ST-ZIP	BLOOMINGTON IN	1.4 CITY-ST-ZIP	Palm Beach Gardens, FL 33418
TITLE	CPD <input type="checkbox"/> DELETE	2.1 TITLE	ASX <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SELDIN, MAURY	2.2 NAME	Howard, Thomas L.
STREET ADDRESS	5380 N OCEAN DR II-14J	2.3 STREET ADDRESS	801 Pennsylvania Ave., NW
CITY-ST-ZIP	SINGER ISLAND FL 33404	2.4 CITY-ST-ZIP	Washington, DC 20004
TITLE	DVP <input type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SMITH, HALBERT	3.2 NAME	Jud. G. Donald
STREET ADDRESS	1650 N.W. 22ND CIRCLE	3.3 STREET ADDRESS	722 Rollingwood Drive
CITY-ST-ZIP	GAINESVILLE FL	3.4 CITY-ST-ZIP	Greensboro, NC 27410
TITLE	DTS <input type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RACSTER, RONALD	4.2 NAME	Miller, Norman
STREET ADDRESS	1775 COLLEGE ROAD	4.3 STREET ADDRESS	414 Carl H. Linder Hall
CITY-ST-ZIP	COLUMBUS OH	4.4 CITY-ST-ZIP	Cincinnati, OH 45221
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	
NAME	VANDELL, KERRY	5.2 NAME	
STREET ADDRESS	3301 TOPPING RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	MADISON WI	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/99 (561)694-7621
 Date Daytime Phone #

CR2E037 (11/98)