

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L19716 (4)
 1. Corporation Name
THE ADVISORY, INC.



Principal Place of Business 13575 58TH ST. NORTH CLEARWATER FL 34620 US	Mailing Address 13575 58TH ST. NORTH CLEARWATER FL 34620 US
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3. Date Incorporated or Qualified 10/02/1989	3a. Date of Last Report 07/27/1995
4. FEI Number 59-2967889	Applied For <input type="checkbox"/> 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt #, etc.	26 AS ABOVE
22 City & State	27 SUITE 164
23 Zip	28 City & State
24 Country	29 Zip
25 Country	30 Country

9. Name and Address of Current Registered Agent

**ROSEN, GEORGE L.
13575 58TH STREET NORTH
CLEARWATER FL 34620**

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 _____ **DATE** _____
Signature typed or printed name of registered agent and official applicant. (NOTE: Registered Agent signature required when re-registering.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSEN, GEORGE L.	1.2 NAME	
STREET ADDRESS	13575 58TH ST., NORTH	1.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOTZ, RAYMOND	2.2 NAME	
STREET ADDRESS	13575 58TH STREET, NORTH	2.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	2.4 CITY-ST-ZIP	
TITLE	DC <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERGUSON, JAMES C.	3.2 NAME	
STREET ADDRESS	13575 58TH STREET, NORTH	3.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	3.4 CITY-ST-ZIP	
TITLE	DV <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAEGER, RONALD D.	4.2 NAME	
STREET ADDRESS	13575 58TH STREET, NORTH	4.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	4.4 CITY-ST-ZIP	
TITLE	DVS <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAVAGE, LEE B.	5.2 NAME	
STREET ADDRESS	13575 58TH STREET, NORTH	5.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	5.4 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOUSER, LEWIS M	6.2 NAME	HOUSER, JR., LEWIS M.
STREET ADDRESS	13575 58TH STREET NORTH	6.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Lewis M. Houser, Jr.* **7/30/96** **(913) 536-7800**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE PHONE NUMBER

CR2E034 (3/96)