

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

**Apr 09 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # L85143 (0)
1. Corporation Name:
ADVISORS ASSOCIATES, INC.



Principal Place of Business: **300 ARAGON AVE #300 CORAL GABLES FL 33134 US**
Mailing Address: **8330 MENTEITH TERR MIAMI LAKES FL 33016-1433 US**

3. Date Incorporated or Qualified: **06/29/1990** 3a. Date of Last Report: **05/23/1996**
4. FEI Number: **65-0200981** 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

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

9. Name and Address of Current Registered Agent:
**SPANO, ROBERT R
8330 MENTEITH TERR
MIAMI LAKES FL 33016**

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 tax ID, if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPANO, ROBERT R.	1.2 NAME	
STREET ADDRESS	8330 MENTEITH TERR	1.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI LAKES FL	1.4 CITY - ST - ZIP	
TITLE	C <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPANO, CARLEEN M.	2.2 NAME	
STREET ADDRESS	8330 MENTEITH TERR	2.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI LAKES FL	2.4 CITY - ST - ZIP	
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARNER, GARY R.	3.2 NAME	
STREET ADDRESS	8330 MENTEITH TERR	3.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI LAKES FL	3.4 CITY - ST - ZIP	
TITLE	ST <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPANO, CHRISTIAN D.	4.2 NAME	
STREET ADDRESS	8330 MENTEITH TERR	4.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI LAKES FL	4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Robert R. Spano Date: 4-2-97 Daytime Phone #: 305-448-9700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)