

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

FILED

**Apr 27 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # **L85143**
1. Corporation Name
ADVISORS ASSOCIATES INC.

Principal Place of Business Mailing Address
5901 N. W. 151 ST # 105A MIAMI LAKES, FL 33014
8330 MENTEITH TER MIAMI LAKES, FL 33016

21. Principal Place of Business	28. Mailing Address	4. F.E.I. Number	Applied For
22. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	650200981	Not Applicable
23. City & State	27. City & State	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
24. Zip	29. Zip	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
25. Country	30. Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
1990

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

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 607.0532 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 _____ (NOTE: Register of Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	CHAIR PERSON	<input type="checkbox"/> DELETE
NAME	CARLEEN M. SPANO	
STREET ADDRESS	8330 MENTEITH TER	
CITY-ST-ZIP	MIAMI LAKES, FL 33016	
TITLE	PRESIDENT	<input type="checkbox"/> DELETE
NAME	ROBERT R. SPANO	
STREET ADDRESS	8330 MENTEITH TER	
CITY-ST-ZIP	MIAMI LAKES, FL 33016	
TITLE	SECRETARY	<input type="checkbox"/> DELETE
NAME	CHRISTIAN D. SPANO	
STREET ADDRESS	8330 MENTEITH TER	
CITY-ST-ZIP	MIAMI LAKES, FL 33016	
TITLE	VIC. PRESIDENT	<input type="checkbox"/> DELETE
NAME	GARY R. GARNER	
STREET ADDRESS	8330 MENTEITH TER	
CITY-ST-ZIP	MIAMI LAKES, FL 33016	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY-ST-ZIP	
21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	
23. STREET ADDRESS	
24. CITY-ST-ZIP	
31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	
33. STREET ADDRESS	
34. CITY-ST-ZIP	
41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	
43. STREET ADDRESS	
44. CITY-ST-ZIP	
51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	
53. STREET ADDRESS	
54. CITY-ST-ZIP	
61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	
63. STREET ADDRESS	
64. CITY-ST-ZIP	

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***150.00

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 supplementary 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 or 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 attached sheet with an address.

SIGNATURE: _____ DATE: **4-20-98**

CR2E034 (10/97)