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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # P09283 (3)

1. Corporation Name
HOYT ADVISORY SERVICES, INC.

Principal Place of Business Mailing Address

**THE HOYT CENTER SUITE 300
760 US HWY ONE
N. PALM BCH. FL 33408**

**THE HOYT CENTER SUITE 300
760 US HWY ONE
N. PALM BCH FL 33408**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 2a. Mailing Address

21 26

Suite, Apt. #, etc. Suite, Apt. #, etc.

22 27

City & State City & State

23 28

Zip Country Zip Country

24 25 29 30

3. Date Incorporated or Qualified 3a. Date of Last Report

02/28/1966 **01/27/1994**

4. FEI Number Applied For

52-1442963 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing \$5.00 May Be Added to Fees

Trust Fund Contribution

6. This corporation has liability for intangible tax under C. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**SELDIN, MAURY
THE HOYT CENTER SUITE 300
760 US HWY ONE
N. PALM BEACH 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 85 Zip Code

FL

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 this 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 necessary DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SELDIN, MAURY
STREET ADDRESS	5380 N OCEAN DR II-14J
CITY-ST-ZIP	SINGER ISLAND FL 33404
TITLE	STD
NAME	RACSTER, RONALD L
STREET ADDRESS	1775 COLLEGE RD
CITY-ST-ZIP	COLUMBUS OH 43210
TITLE	VD
NAME	SMITH, HALBERT C
STREET ADDRESS	1650 NW 22ND CIRCLE
CITY-ST-ZIP	GAINESVILLE FL 32605
TITLE	AS
NAME	HOWARD, THOMAS L
STREET ADDRESS	801 PENNSYLVANIA AVE NW STE 800
CITY-ST-ZIP	WASHINGTON DC 20004
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
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 110.07(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 007, 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 Maury Seldin 4/20/95 (407) 694-7621

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #