

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

3. Date Incorporated or Qualified: **02/28/1986**  
3a. Date of Last Report: **04/26/1995**

2. Principal Place of Business (21-23) and Mailing Address (24-30) fields with sub-headers for Suite, City & State, Zip, and Country.

4. FEI Number: **52-1442963**  
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

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**SELDIN, MAURY  
THE HOYT CENTER SUITE 300  
760 US HWY ONE  
N. PALM BEACH FL 33408**

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		DELETED
TITLE	<b>PD</b>	<input type="checkbox"/>
NAME	<b>SELDIN, MAURY</b>	
STREET ADDRESS	<b>5380 N OCEAN DR II-14J</b>	
CITY-ST-ZIP	<b>SINGER ISLAND FL 33404</b>	
TITLE	<b>STD</b>	<input type="checkbox"/>
NAME	<b>RACSTER, RONALD L</b>	
STREET ADDRESS	<b>1775 COLLEGE RD</b>	
CITY-ST-ZIP	<b>COLUMBUS OH 43210</b>	
TITLE	<b>VD</b>	<input type="checkbox"/>
NAME	<b>SMITH, HALBERT C</b>	
STREET ADDRESS	<b>1650 NW 22ND CIRCLE</b>	
CITY-ST-ZIP	<b>GAINESVILLE FL 32605</b>	
TITLE	<b>AS</b>	<input type="checkbox"/>
NAME	<b>HOWARD, THOMAS L</b>	
STREET ADDRESS	<b>801 PENNSYLVANIA AVE NW STE 800</b>	
CITY-ST-ZIP	<b>WASHINGTON DC 20004</b>	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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 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 607, 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** 4-5-96 (407) 694-7621

CR2E034 (12/95)