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Secretary of State

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0026794

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P09283

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**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

02/28/1986

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
52-1442963

Applied For
 Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing
 Trust Fund Contribution

\$5.00 May Be Added to Fees

24 Zip

Country

29 Zip

Country

8. This corporation owes the current year Intangible Personal Property Tax. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE
PD
 NAME **SELDIN, MAURY**
 STREET ADDRESS **5380 N OCEAN DR II-14J**
 CITY-ST-ZIP **SINGER ISLAND FL 33404**

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

TITLE DELETE
TD
 NAME **RACSTER, RONALD L**
 STREET ADDRESS **1775 COLLEGE RD**
 CITY-ST-ZIP **COLUMBUS OH 43210**

2.1 TITLE **S/T/D** Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

TITLE DELETE
SD
 NAME **SMITH, HALBERT C**
 STREET ADDRESS **1850 NW 22ND CIRCLE**
 CITY-ST-ZIP **GAINESVILLE FL 32605**

3.1 TITLE **VP/D** Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

TITLE DELETE
AS
 NAME **HOWARD, THOMAS L**
 STREET ADDRESS **801 PENNSYLVANIA AVE NW STE 800**
 CITY-ST-ZIP **WASHINGTON DC 20004**

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

TITLE DELETE
VD
 NAME **DONOHUE, RON M**
 STREET ADDRESS **1707 EMBASSY DR #203**
 CITY-ST-ZIP **WEST PALM BEACH FL 33401**

5.1 TITLE **V/AT/D** Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

6.1 TITLE **D** Change Addition
 6.2 NAME **Fisher, Jeffrey D.**
 6.3 STREET ADDRESS **3310 Gosport CT**
 6.4 CITY-ST-ZIP **Bloomington, IN 47401**

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 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, with all other like empowered.

SIGNATURE: *Ron* **SIGNATURE REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/99 (561)694-7621
 Date Daytime Phone #

CR2E034 (11/98)