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Apr 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000059396 (8)
 1. Corporation Name
ADVISORY CAPITAL PARTNERS, INC.



DO NOT WRITE IN THIS SPACE.

Principal Place of Business		Mailing Address	
1001 NORTH HWY. US HWY. 1 STE. #503 JUPITER FL 33477		1001 NORTH HWY. US HWY. 1 STE. #503 JUPITER FL 33477	
2. Principal Place of Business:	2a. Mailing Address	3. Date Incorporated or Qualified	4. FEI Number
21 1001 North U.S. Highway 1	26 1001 North U.S. Highway 1	08/02/1995	06-1352973
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired	Applied For
23 City & State	28 City & State	<input type="checkbox"/> \$8.75 Additional Fee Required	<input type="checkbox"/> Not Applicable
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

9. Name and Address of Current Registered Agent

WASERSTEIN, STEVE L ESO
500 EAST BROWARD BLVD., SUITE 1130
FT. LAUDERDALE FL 33394

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 607.0502 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	Vice President
NAME	ECCLES, ROBERT G.	1.2 NAME	Anne L. Eccles
STREET ADDRESS	49 PARKER ST	1.3 STREET ADDRESS	49 Parker Street
CITY- ST- ZIP	LEXINGTON MA 02173	1.4 CITY- ST- ZIP	Lexington, MA 02173
TITLE	SD	2.1 TITLE	Vice President
NAME	NEWQUIST, SCOTT C	2.2 NAME	Aileen M. Newquist
STREET ADDRESS	396 S. BEACH RD.	2.3 STREET ADDRESS	396 S. Beach Road
CITY- ST- ZIP	HOBE SOUND FL 33455	2.4 CITY- ST- ZIP	Hobe Sound, FL 33455
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY- ST- ZIP		3.4 CITY- ST- ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 CITY- ST- ZIP	

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.

SIGNATURE: *Scott C. Newquist* Scott C. Newquist 4/14/98 (KLD) 7442 5922

CR2E034 (10/97)