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**May 07, 1999 8:00 am**  
**Secretary of State**

05-07-1999 90044 047 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **P95000059396**

1. Corporation Name  
**ADVISORY CAPITAL PARTNERS, INC.**



Principal Place of Business <del>1001 NORTH HWY. US HWY. 1</del> STE. #503 JUPITER FL 33477	Mailing Address <del>1001 NORTH HWY. US HWY. 1</del> STE. #503 JUPITER FL 33477
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>08/02/1995</b>	
4. FEI Number <b>06-1352973</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 <b>1001 North US Highway 1</b>	2a. Mailing Address 26 <b>1001 North US Highway 1</b>
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

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

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 <b>FL</b>

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	VP <input type="checkbox"/> DELETE	1.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ECCLES, ANNE L</b>	1.2 NAME	<b>Eccles, Robert G.</b>
STREET ADDRESS	<b>49 PARKER ST</b>	1.3 STREET ADDRESS	<b>49 Parker Street</b>
CITY-ST-ZIP	<b>LEXINGTON MA 02173</b>	1.4 CITY-ST-ZIP	<b>Lexington, MA 02173</b>
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>NEWQUIST, AILEEN M</b>	2.2 NAME	<b>Newquist, Scott C.</b>
STREET ADDRESS	<b>396 S. BEACH RD.</b>	2.3 STREET ADDRESS	<b>396 S. Beach Road</b>
CITY-ST-ZIP	<b>HOBE SOUND FL 33455</b>	2.4 CITY-ST-ZIP	<b>Hobe Sound, FL 33455</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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, with all other like empowered.

SIGNATURE: *Scott C. Newquist* **Scott C. Newquist** 4/26/99 (56) 743-5822  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)