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Mar 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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

DOCUMENT # 762512 (2)

1. Corporation Name

HOMER HOYT ADVANCED STUDIES INSTITUTE, INC.

Principal Place of Business	Mailing Address
THE HOYT CENTER #300 760 U.S. HWY. ONE N. PALM BEACH FL 33408	THE HOYT CENTER #300 760 U.S. HWY. ONE N. PALM BEACH FL 33408-4419

3. Date Incorporated or Qualified: 03/19/1982
3a. Date of Last Report: 04/17/1996

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24) Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29) Country (30)

4. FEI Number: 52-1263342 ☐ Applied For ☐ Not Applicable

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

SELDIN, MAURY
THE HOYT CENTER #300
760 US HWY ONE
NORTH PALM BCH 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 **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	FISHER, JEFFREY D		1.2 NAME	
STREET ADDRESS	3310 GOSPORT CT		1.3 STREET ADDRESS	
CITY-ST-ZIP	BLOOMINGTON IN		1.4 CITY-ST-ZIP	
TITLE	CPD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	SELDIN, MAURY		2.2 NAME	
STREET ADDRESS	5380 N OCEAN DR II-14J		2.3 STREET ADDRESS	
CITY-ST-ZIP	SINGER ISLAND FL 33404		2.4 CITY-ST-ZIP	
TITLE	DVP	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	SMITH, HALBERT		3.2 NAME	
STREET ADDRESS	1650 N.W. 22ND CIRCLE		3.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL		3.4 CITY-ST-ZIP	
TITLE	DTS	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	RACSTER, RONALD		4.2 NAME	
STREET ADDRESS	1775 COLLEGE ROAD		4.3 STREET ADDRESS	
CITY-ST-ZIP	COLUMBUS OH		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	VANDELL, KERRY		5.2 NAME	
STREET ADDRESS	3301 TOPPING RD		5.3 STREET ADDRESS	
CITY-ST-ZIP	MADISON WI		5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E037 (9/96)

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE _____ 3/4/97 561-447-7421