

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 # F93000003581 (6)

1. Corporation Name

ADVISORY SERVICES CORPORATION



Principal Place of Business

Mailing Address

3920 RCA BLVD., SUITE 2004
PALM BEACH GARDENS FL 33410

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PALM BEACH GARDENS FL 33410

3. Date incorporated or Qualified
08/05/1993

3a. Date of Last Report
03/31/1995

4. FEI Number
88-0285966

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24 25 29 30
9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SPINELLO, MARK J
3920 RCA BLVD., SUITE 2004
PALM BEACH GARDENS FL 33410

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

TITLE	DPT	XX DELETE
NAME	MCBAY, WALTER L	
STREET ADDRESS	3920 RCA BLVD., SUITE 2004	
CITY - ST - ZIP	PALM BEACH GARDENS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SPINELLO, MARK J	
STREET ADDRESS	3920 RCA BLVD., SUITE 2004	
CITY - ST - ZIP	PALM BEACH GARDENS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FERRIS, GLENN T	
STREET ADDRESS	3920 RCA BLVD., SUITE 2004	
CITY - ST - ZIP	PALM BEACH GARDENS FL 33410	
TITLE	V	<input type="checkbox"/> DELETE
NAME	PHILLIPS, DAVID L	
STREET ADDRESS	3920 RCA BLVD., SUITE 2004	
CITY - ST - ZIP	PALM BEACH GARDENS FL 33410	
TITLE	VS	XX DELETE
NAME	COGNETTI, LAURA J	
STREET ADDRESS	3920 RCA BLVD., SUITE 2004	
CITY - ST - ZIP	PALM BEACH GARDENS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Glenn T. Ferris	
1.3 STREET ADDRESS	3920 RCA Blvd., Suite 2004	
1.4 CITY - ST - ZIP	Palm Beach Gardens, FL 33410	
2.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	David W. Homard	
2.3 STREET ADDRESS	3920 RCA Blvd., Suite 2004	
2.4 CITY - ST - ZIP	Palm Beach Gardens, FL 33410	
3.1 TITLE	AV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Miralda Gingrich	
3.3 STREET ADDRESS	3920 RCA Blvd., Suite 2004	
3.4 CITY - ST - ZIP	Palm Beach Gardens, FL 33410	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Michael J. Provines	
4.3 STREET ADDRESS	3920 RCA Blvd., Suite 2004	
4.4 CITY - ST - ZIP	Palm Beach Gardens, FL 33410	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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, changed, or in an attachment with an address.

SIGNATURE:

Glenn T. Ferris

P/D

01-29-96 (407) 694-0110

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)