

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mathan
Secretary of State

2-15-96 B-159C

DOCUMENT # J36176 (2)

1. Corporation Name
WILLIAM HUTTON ASSOCIATES, INC.



Principal Place of Business
**340 ROYAL POINCIANA PLAZA
PALM BEACH FL 33480**

Mailing Address
**340 ROYAL POINCIANA PLAZA
PALM BEACH FL 33480**

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

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

3. Date Incorporated (or Qualified) **10/03/1986** 3a. Date of Last Report **02/21/1995**

4. FEI Number **59-2723578** 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

**METTLER, THOMAS M.
340 ROYAL POINCIANA PLAZA
PALM BEACH FL 33480**

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 607.06(2) and 607.11(4), 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 607.06(2), Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

NAME	PSTD HUTTON, WILLIAM III	<input type="checkbox"/> DELETED
STREET ADDRESS	340 ROYAL POINCIANA PL.	
CITY, STATE, ZIP	PALM BEACH FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETED
NAME	COOK, BARBARA	
STREET ADDRESS	340 ROYAL POINCIANA PL.	
CITY, STATE, ZIP	PALM BEACH FL	
TITLE		<input type="checkbox"/> DELETED
NAME		
STREET ADDRESS		
CITY, STATE, ZIP		
TITLE		<input type="checkbox"/> DELETED
NAME		
STREET ADDRESS		
CITY, STATE, ZIP		
TITLE		<input type="checkbox"/> DELETED
NAME		
STREET ADDRESS		
CITY, STATE, ZIP		
TITLE		<input type="checkbox"/> DELETED

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 STREET ADDRESS		
13 CITY, STATE, ZIP		
14 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
15 NAME		
16 STREET ADDRESS		
17 CITY, STATE, ZIP		
18 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
19 NAME		
20 STREET ADDRESS		
21 CITY, STATE, ZIP		
22 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
23 NAME		
24 STREET ADDRESS		
25 CITY, STATE, ZIP		
26 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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)(b), Florida Statutes. I further certify that this information is a part of 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 Box K, 12 or Block 13, Change I, or in an attachment with an address.

SIGNATURE: *William S. Hutton*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/96 407-659-6400

CR2E034 (12/95)