

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **K99276**

1. Corporation Name

ADVOCATES SERVICES, INC.



Principal Place of Business

4160 W 16TH AVE
STE 504
HIALEAH FL 33012
US

Mailing Address

4160 W 16TH AVE
STE 504
HIALEAH FL 33012
US

2. Principal Place of Business

21

Suite, Apt. #, etc.

2a. Mailing Address

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

28

Zip

24

Country

25

Country

29

Country

30

9. Name and Address of Current Registered Agent

SOSTCHIN, DAVID M.
4160 W 16TH AVE
STE 504
HIALEAH FL 33012

| | |
|---|---|
| 3. Date Incorporated or Qualified 06/30/1989 | 3a. Date of Last Report 03/17/1995 |
| 4. FEI Number 65-0146069 | Applied For <input checked="" type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

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 607.0502 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 re-registering)

DATE

| 12. OFFICERS AND DIRECTORS | | 13. | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-------------------------------------|--------------------|---|-----------------------------------|
| TITLE | DPS <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | SOSTCHIN, DAVID M. | 1.2 NAME | | |
| STREET ADDRESS | 1800 W. 49TH ST., #232 | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | HIALEAH FL | 1.4 CITY-ST-ZIP | | |
| TITLE | <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | 2.2 NAME | | |
| STREET ADDRESS | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | 2.4 CITY-ST-ZIP | | |
| 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 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 if changed, or on an attachment with an address.

DAVID M. SOSTCHIN
PRESIDENT

4/16/96 (305) 364-0162

Date

Daytime Phone #

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)