

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1996</b>		<b>FLORIDA DEPARTMENT OF STATE</b> Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # L19716 (4)**  
 1. Corporation Name  
**THE ADVISORY, INC.**



Principal Place of Business	Mailing Address
13575 58TH ST. NORTH CLEARWATER FL 34620 US	13575 58TH ST. NORTH CLEARWATER FL 34620 US

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/02/1989		3a. Date of Last Report 07/27/1995	
21	Suite, Apt. #, etc.	26	AS ABOVE	4. FEI Number 59-2967889		Applied For Not Applicable	
22	City & State	27	SUITE 164	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
ROSEN, GEORGE L. 13575 58TH STREET NORTH CLEARWATER FL 34620				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 must be applicable. (NOTE: Registered Agent signature required when re-registering.) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSEN, GEORGE L.	12 NAME	
STREET ADDRESS	13575 58TH ST., NORTH	13 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	14 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOTZ, RAYMOND	22 NAME	
STREET ADDRESS	13575 58TH STREET, NORTH	23 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	24 CITY-ST-ZIP	
TITLE	DC <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERGUSON, JAMES C.	32 NAME	
STREET ADDRESS	13575 58TH STREET, NORTH	33 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	34 CITY-ST-ZIP	
TITLE	DV <input checked="" type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAEGER, RONALD D.	42 NAME	
STREET ADDRESS	13575 58TH STREET, NORTH	43 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	44 CITY-ST-ZIP	
TITLE	DVS <input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAVAGE, LEE B.	52 NAME	
STREET ADDRESS	13575 58TH STREET, NORTH	53 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	54 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	61 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOUSER, LEWIS M	62 NAME	HOUSER, JR., LEWIS M.
STREET ADDRESS	13575 58TH STREET NORTH	63 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	64 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Lewis M. Houser, Jr.  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/30/96 (913) 536-7800  
 Date: \_\_\_\_\_ Original Price: \$

CR2E034 (3/96)