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

PROFIT CORPORATION ANNUAL REPORT



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

	•	y	b	

1. Corporation	MENT # MOO4  R FINANCIAL ADVISORS,	` '					
Principal Place 2300 CORPO BOCA RATO US	DRATE BLVD. #137	Mailing Address  2300 CORPORATE BL BOCA RATON FL 334 US			T TOBABBIT PA BYTH BUILT DIGGT PAU	<b>8 ildi bibil albil bib</b> il <b>b</b> ibi	i Bibli Gibli Ibbi
					3. Date Incorporated or Qualified 05/10/1984	3a. Date of Last P 05/01/19	
2. Principal Pl	ace of Business	2a. Mailing Address 26			4. FEI Number 59-2418259		Applied For
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			Certificate of Status Desired	\$8.75	Not Applicable  Additional
City & State	9	City & State			Election Campaign Financing     Trust Fund Contribution	<b>□</b> \$5.0	Required  May Be
7/p	Country 25	Zip (29)	Country 30	y	8. This corporation has liability for	intangible tax under s	199.032,
	9. Name and Address of Curre		[30]		Florida Statutes Yes  10. Name and Address of New F	No	
2300 CO SUITE 1 BOCA F	RATON FL 33431		81 82 83 84	Street Add	dress (P.O. Box Number is Not Acceptab	Fi 85 Z	p Code
familiar wit	th, and accept the obligations of, Sec Stynature, typed or printed name of registered ago:	tion 607.0505, Florida Statutes	ed by the corp TE: Registered Age	oration's bo	oration submits this statement for the pur ard of directors. I hereby accept the apport and when renstating:	Ointment as registered	lagent. I am
TIFLE	PD OFFICERS AF	DELETE	13.		ADDITIONS/CHANGES TO OFF		
NAME STREET ADDRESS CITY-ST-ZIP	WINTER, BRUCE E. 2300 CORPORATE BLVD, # BOCA RATON FL 33431	_	1. 1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S	T ADDRESS ST-ZIP		☐ Change	Addition
TITLE NAME		DELETE	2 1 TITLE 22 NAME			☐ Change	Addition
STREFT ADDRESS			2.3 STREET				
CITY+ST-ZIP TITLE		DELETE	2.4 CITY - S 3. 1 TITLE	ST-ZIP		[7] Chan	- Addition
NAME STREET ADDRESS CHY-ST-ZIP		L. otten	3.2 NAME 3.3 STREE 3.4 CITY-5	i		Change	☐ Addition
TITLE		☐ DELETE	4. 1 TITLE	51-ZIP		☐ Change	Addition
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREET				
CITY-SI-ZIP TITLE		DELETE	4.4 CHY-S 5. 1 TITLE	ST-ZIP		C Ctross	
NAME			5.2 NAME			☐ Change	Addition
STREET ADDRESS			5.3 STREET	ADDRESS			
CITY-ST-ZIP			5.4 CITY - S				
TITLE		☐ DELETE	6. 1 TITLE			☐ Change	Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET	ADDRESS			
CHY-ST-ZIP	certify that the information supplied	with this filing is valuntarily form	64 CITY-S		for the exemption stated in Section 110	02/04/03 Fts 11 - 01	

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.

SIGNATURE:

4/24/96 (407)994-0100