

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 30 AM 8:42

DOCUMENT # P15080 (5)

1. Corporation Name
ASCO ADVISORY SERVICES CORP.

Principal Place of Business Mailing Address
3920 RCA BLVD. **3920 RCA BLVD.**
SUITE 2004 **SUITE 2004**
PALM BEACH GARDENS FL 33410 **PALM BEACH GARDENS FL 33410**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report
06/30/1987 **02/03/1994**

21. Principal Place of Business	26. Mailing Address	4. FEI Number	Applied For
21	26	13-2931368	<input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22	27	6. Election Campaign Financing	<input type="checkbox"/> \$5.00 May Be Added to Fees
City & State	City & State	Trust Fund Contribution	<input type="checkbox"/>
23	28	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Zip	Country		
24	25		
Zip	Country		
29	30		

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
SPINELLO, MARK J.		81 Name	
3920 RCA BLVD., STE 2004		82 Street Address (P.O. Box Number is Not Acceptable)	
SUITE 2004		83	
PALM BEACH GARDENS FL 33410		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 registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RESTINO, PHILIP C.	1.2 NAME	
STREET ADDRESS	22 ST. JAMES DRIVE	1.3 STREET ADDRESS	
CITY - ST - ZIP	PALM BEACH GARDENS FL	1.4 CITY - ST - ZIP	
TITLE	VT	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIPPE, SCOTT H.	2.2 NAME	Delete
STREET ADDRESS	218 FAIRWAY WEST	2.3 STREET ADDRESS	
CITY - ST - ZIP	TEQUESTA FL	2.4 CITY - ST - ZIP	
TITLE	S	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPINELLO, MARK J.	3.2 NAME	
STREET ADDRESS	13367 WILLIAM MEYER COURT	3.3 STREET ADDRESS	
CITY - ST - ZIP	PALM BCH. GARDENS FL	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEEGERS, EDITH A.	4.2 NAME	
STREET ADDRESS	4698 LUCERNE LAKES #104	4.3 STREET ADDRESS	
CITY - ST - ZIP	LAKE WORTH FL	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	T
STREET ADDRESS		5.3 STREET ADDRESS	Sharon P. Hood
CITY - ST - ZIP		5.4 CITY - ST - ZIP	8605 Thousand Pines Court
TITLE		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 noted in Section 110.07(3)(b), 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 power 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: Mark J. Spinello **Mark J. Spinello, Secretary** **3/24/95** **(407)694-0110**
(Signature, typed or printed name of signing officer or director) Date Telephone Number