

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P15080** (5)

1. Corporation Name
ASCO ADVISORY SERVICES CORP.



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

3. Date Incorporated or Qualified: **06/30/1987** 3a. Date of Last Report: **03/30/1995**
4. FEI Number: **13-2931368** 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

21. Principal Place of Business: Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country
22a. Mailing Address: Suite, Apt. #, etc. 22b. City & State 22c. Zip 22d. Country

9. Name and Address of Current Registered Agent

**SPINELLO, MARK J.
3920 RCA BLVD., STE 2004
SUITE 2004
PALM BEACH GARDENS FL 33410**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City 85 Zip Code **FL**

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	RESTINO, PHILIP C.	
STREET ADDRESS	22 ST. JAMES DRIVE	
CITY-ST-ZIP	PALM BEACH GARDENS FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	HOOD, SHARON P	
STREET ADDRESS	8606 THOUSAND PINES COURT	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SPINELLO, MARK J.	
STREET ADDRESS	13367 WILLIAM MEYER COURT	
CITY-ST-ZIP	PALM BCH. GARDENS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SEEGERS, EDITH A.	
STREET ADDRESS	4698 LUCERNE LAKES #104	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1 2 NAME	Glenn T. Ferris	
1 3 STREET ADDRESS	417 Woodview Circle	
1 4 CITY-ST-ZIP	Palm Beach Gardens, FL 33418	<input checked="" type="checkbox"/>
2 1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2 2 NAME		
2 3 STREET ADDRESS		
2 4 CITY-ST-ZIP		
3 1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3 2 NAME		
3 3 STREET ADDRESS		
3 4 CITY-ST-ZIP		
4 1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4 2 NAME		
4 3 STREET ADDRESS		
4 4 CITY-ST-ZIP		
5 1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5 2 NAME		
5 3 STREET ADDRESS		
5 4 CITY-ST-ZIP		
6 1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6 2 NAME		
6 3 STREET ADDRESS		
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.

SIGNATURE: **Glenn T. Ferris** T **01-29-96** (407) 694-0110
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)