

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 08, 1999 8:00 am  
Secretary of State

03-08-1999 90046 014 \*\*\*150.00

DOCUMENT # P15080

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/30/1987

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 owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip Country

Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME RESTINO, PHILIP C.  
STREET ADDRESS 22 ST. JAMES DRIVE  
CITY-ST-ZIP PALM BEACH GARDENS FL

☐ DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

☒ Change ☐ Addition

24 ST. George Place  
Palm Beach Gardens, FL 33418

TITLE T  
NAME FERRIS, GLENN T  
STREET ADDRESS 417 WOODVIEW CIRCLE  
CITY-ST-ZIP PALM BEACH GARDENS FL

☐ DELETE

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE S  
NAME SPINELLO, MARK J.  
STREET ADDRESS 13367 WILLIAM MEYER COURT  
CITY-ST-ZIP PALM BCH. GARDENS FL

☐ DELETE

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D  
NAME RESTINO, PHILIP C  
STREET ADDRESS 22 ST. JAMES DR.  
CITY-ST-ZIP PALM BEACH GARDENS FL

☒ DELETE

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

SIGNATURE REQUIRE Treasurer

3/3/99

561-694-0110

CR2E034 (11/98)