

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 26 PM 12:50

DOCUMENT # P27977 (8)
1. Corporation Name
HOMER HOYT INSTITUTE, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
THE HOYT CENTER #300 THE HOYT CENTER #300
790 US HWY ONE 760 US HWY ONE
NORTH PALM BEACH FL 33408 NORTH PALM BEACH FL 33408

3. Date Incorporated or Qualified **01/30/1990** 3a. Date of Last Report **03/30/1994**
4. FBI Number **52-6078282** 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**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 100.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SELDIN, MAURY
THE HOYT CENTER #300
760 US HWY ONE
N PALM BCH FL 33408**

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

TITLE	PD
NAME	SELDIN, MAURY
STREET ADDRESS	5380 N OCEAN DR II-14J
CITY-ST-ZIP	SINGER ISLAND FL 33404
TITLE	D
NAME	ROSENTHAL, ROBERT D
STREET ADDRESS	9605 HALLOWELL PLACE
CITY-ST-ZIP	GAITHERSBURG MD
TITLE	AS
NAME	HOWARD, THOMAS L.
STREET ADDRESS	801 PENNSYLVANIA AVE NW
CITY-ST-ZIP	WASHINGTON DC 20004
TITLE	DVT
NAME	RACSTER, RONALD L.
STREET ADDRESS	14110 CLIFF COURT
CITY-ST-ZIP	COLUMBUS OH 43210
TITLE	SD
NAME	SMITH, HALBERT C.
STREET ADDRESS	1650 NW 22ND CIRCLE
CITY-ST-ZIP	GAINESVILLE FL 32605
TITLE	D
NAME	HOYT, MICHAEL R.
STREET ADDRESS	3922 RICKOVER ROAD
CITY-ST-ZIP	SILVER SPRINGS MD 20902

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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 110.07(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: Maury Seldin Maury Seldin

4/20/95 (407) 694-7621

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #