

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P27977** (8)

1. Corporation Name
HOMER HOYT INSTITUTE, INC.



Principal Place of Business: **THE HOYT CENTER #300
760 US HWY ONE
NORTH PALM BEACH FL 33408**

Mailing Address: **THE HOYT CENTER #300
760 US HWY ONE
NORTH PALM BEACH FL 33408**

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

3. Date Incorporated or Qualified: **01/30/1990**
3a. Date of Last Report: **04/26/1995**
4. FEI Number: **52-6078282**
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

9. Name and Address of Current Registered Agent
**SELDIN, MAURY
THE HOYT CENTER #300
760 US HWY ONE
N PALM BCH FL 33408**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when first filing) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SELDIN, MAURY	
STREET ADDRESS	5380 N OCEAN DR II-14J	
CITY - ST - ZIP	SINGER ISLAND FL 33404	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ROSENTHAL, ROBERT D	
STREET ADDRESS	9805 HALLOWELL PLACE	
CITY - ST - ZIP	GAITHERSBURG MD	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	HOWARD, THOMAS L.	
STREET ADDRESS	801 PENNSYLVANIA AVE NW	
CITY - ST - ZIP	WASHINGTON DC 20004	
TITLE	DVT	<input type="checkbox"/> DELETE
NAME	RACSTER, RONALD L.	
STREET ADDRESS	1441C CLIFF COURT	
CITY - ST - ZIP	COLUMBUS OH 43210	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	SMITH, HALBERT C.	
STREET ADDRESS	1650 NW 22ND CIRCLE	
CITY - ST - ZIP	GAINESVILLE FL 32605	
TITLE	D	<input type="checkbox"/> DELETE
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

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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 4/6/96 (407) 694-7621
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)