FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 AM 10:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000061301 (6)**

1. Corporation Name
THE ADVOCATE GROUP, INC.

Principal Place of Business	Mailing Address
SUITE 200 315 SE 7TH STREET FORT LAUDERDALE FL 33301	SUITE 200 315 SE 7TH STREET FORT LAUDERDALE FL 33301

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/01/1993	3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0433851	☐ 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	

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
LASHBROOK, PAUL N 315 SOUTHEAST 7TH ST SUITE 200 FORT LAUDERDALE FL 33301	01 Name 02 Street Address (P.O. Box Number is Not Acceptable) 03 04 City FL 05 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	GREEN, JAY B	1.2 NAME	
STREET ADDRESS	315 SE 7TH ST., SUITE 200	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33301	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	LASHBROOK, PAUL N	2.2 NAME	
STREET ADDRESS	315 SE 7TH ST., SUITE 200	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33301	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	CLONEY, CHRISTOPHER C	3.2 NAME	
STREET ADDRESS	315 SE 7TH ST., SUITE 200	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33301	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	GEORGE, JOHN J	4.2 NAME	
STREET ADDRESS	315 SE 7TH ST., SUITE 200	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33301	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	SKIPPER, MARK J	5.2 NAME	
STREET ADDRESS	315 SE 7TH ST., SUITE 200	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33301	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ 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 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 added by an attachment with an arrow.

SIGNATURE: Mark Cloney 4.21.95 305/525-2121
SIGNATURE AND TYPED OR PRINTED NAME OF CHANGING OFFICER OR DIRECTOR — Date — Daytime Phone #

0200633 CP