05-05-1999 90041 029 \*\*\*150.00

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

Mailing Address

SUITE 200 315 SE 7TH STREET

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P93000061301

1. Corporation Name

Principal Place of Business

SUITE 200

315 SE 7TH STREET

THE ADVOCATE GROUP, INC.

FORT LAUDERDALE FL 33301			FORT LAUDERDALE FL 33301					DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or Qualifed						
								09/01/1993				
2. Principal Place of Business			2a, Mailing Address				4.	, FEI Number		1	App	lied For
	200 01 20311000	26	ag , table ==					65-0433851			Not	Applicable
21 Suite Ast	# 010 -	20	Suite, Apt. #, etc.							\$8.		ditional
Suite, Apt. #, etc. ~			27				5.	<ul> <li>Certifcate of Status Des</li> </ul>	ired 🗍		ee Rec	
22 City 8 State		[27]	City & State				-   -	Election Compaign Fins	noina	¢.	. 00	/lav Be
City & State	e		Oily & State				6.	Election Campaign Fina Trust Fund Contribution	- 11		ded to	
23	0	28	7in	Countr	.,		+-					1 663
Zip	Country	-	Zip	_ `	у		8.	. This corporation owes t	ne current year int	angible Ye	! . 1	<b>X</b> 00
24	25	29	30	)				Personal Property Tax.  Name and Address of	Now Pagietored			<b>PQ</b> 0
	<ol><li>Name and Address of Current</li></ol>	Regis	tered Agent	81	. 1	Name	10.	, Name and Address of	New Registered	-your		
LACUIDDOOM DALII NI				81	81 Name							
LASHBROOK, PAUL N			82 Street			Street Add	dress (F	P.O. Box Number is Not /	Acceptable)			
315 SOUTHEAST 7TH ST												
SUITE 200				83	3							
FOR <sup>3</sup>	T LAUDERDALE FL 33301			<u> </u>	1					11		
•				84	4	City			FL	85	Zip C	ode
			OZ 4500 Finite Challedon	**	<u>.</u> _	ad an	rnoratio	on submits this statement		changi	na its i	enistered
11, Pursuant	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	and 6	07.1508, Florida Statutes, da. Such change was auth	tne abov orized by	ve- v th	nameu coi he corporal	tion's b	oard of directors. I hereb	y accept the appoin	ntment	as reg	istered
agent. I a	m familiar with, and accept the obligati	ons of	, Section 607.0505, Florida	a Statute	s.	,						
SIGNATURE								•				
CICITATORE	Signature, typed or printed name of registered agent	and title	if applicable. (NOTE: Re	gistered Age	ent :	signature requi			DATE			
12.	OFFICERS AND	DIRE		13.				ADDITIONS/CHANGES	TO OFFICERS AN			
TITLE	D		☐ DELETE	1.1 TITLE						Ct	ange	☐ Addition
NAME	GREEN, JAY B			12 NAME								
STREET ADDRESS	315 SE 7TH ST., SUITE 200			1.3 STRE		ADDRESS						
CITY-ST-ZIP	FT. LAUDERDALE FL 33301			14 CITY-1	4 CITY-ST-ZIP							
TITLE	D		☐ DELETE	2.1 TITLE						CH	ange	Addition
		<del>-</del>			2.2 NAME							
NAME	LASHBROOK, PAUL N											
STREET ADDRESS	315 SE 7TH ST., SUITE 200				2.3 STREET ADDRESS			-				
CITY-ST-ZIP	FT. LAUDERDALE FL 33301			_	2. 4 CITY-ST-ZIP					CI	2000	Addition
TITLE	D		☐ DELETE	3.1 TITLE							lange	□ V00IIIO
NAME	CLONEY, CHRISTOPHER C			3.2 NAME								
STREET ADDRESS	315 SE 7TH ST., SUITE 200			3.3 STREE	ET A	ADDRESS						
CITY-ST-ZIP	FT. LAUDERDALE FL 33301			3.4. CITY-	ST	-ZIP						
TITLE	D		<b>∑</b> DELETE	4.1 TITLE						□ ct	ange	☐ Addition
NAME	GEORGE, JOHN J		•	4. 2 NAME	Ē							
STREET ADDRESS	315 SE 7TH ST., SUITE 200					ADDRESS						
1				1								
C/TY-ST-Z/P	FT. LAUDERDALE FL 33301		<b>Ø</b> DELÉTE	4.4 CITY 5.1 TITLE		-217	<del></del>			[ ] CI	nange	Addition
TITLE .	D		N DEFEIG									
NAME	SKIPPER, MARK J			5.2 NAME								
STREET ADDRESS	315 SE 7TH ST., SUITE 200					ADDRESS						
CITY-ST-ZIP	FT. LAUDERDALE FL 33301			5.4 CITY-		ZIP						<u> </u>
TITLE			☐ DELETE	6.1 TITLE		-	D				nange	Addition
NAME				6.2 NAME	•	~	<b>6   10</b>	EO, PETER	×.			
STREET ADDRESS				6.3 STREI	ET A	ADDRESS	315	SE 74ST.	, surtu 20	0		

6.4 CITY-ST-ZIP

SIGNATURE:

C/TY-ST-ZIP

TRE REQUIRED PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7+. LAUJERDALE, PL 33301

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 of 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 coporation 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 nate attachment with an address, with all other like empowered.