

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

FILED

**May 06 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # P93000066710 (3)
1. Corporation Name
THE EXPENSE ADVISORY GROUP INCORPORATED



DO NOT WRITE IN THIS SPACE

Principal Place of Business: ~~6307-3 CAPE HATTERAS WAY NE - ST. PETERSBURG FL 33702~~

Mailing Address: ~~POST OFFICE BOX 20509 - ST. PETERSBURG FL 33742~~
US

3. Date Incorporated or Qualified
09/24/1993

2. Principal Place of Business
21 **915 Riverside Drive #520**
Suite, Apt. #, etc.
22 City & State
Coral Springs, FL
Zip Country
24 **33071** 25 **USA**

2a. Mailing Address
26 **PO Box 770666**
Suite, Apt. #, etc.
27 City & State
Coral Springs, FL
Zip Country
29 **33077-0666** 30 **USA**

4. FEI Number
59-3201010

Applied For
 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 or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
DOYLE, WILLIAM J
~~6307-3 CAPE HATTERAS WAY NE - ST. PETERSBURG FL 33702~~

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
915 Riverside Drive #520
83
84 City **Coral Springs** FL 85 Zip Code **33071**

11. Pursuant to the provisions of Sections 607.0507 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 <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOYLE, WILLIAM J	1.2 NAME	
STREET ADDRESS	6307-3 CAPE HATTERAS WAY NE →	1.3 STREET ADDRESS	915 Riverside Drive #520
CITY-ST-ZIP	ST PETERSBURG FL 33702 →	1.4 CITY-ST-ZIP	Coral Springs, FL 33071
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOYLE, DOROTHY A	2.2 NAME	
STREET ADDRESS	6307-3 CAPE HATTERAS WAY NE →	2.3 STREET ADDRESS	915 Riverside Drive #520
CITY-ST-ZIP	ST PETERSBURG FL 33702 →	2.4 CITY-ST-ZIP	Coral Springs, FL 33071
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE: *Dorothy A Doyle* 04/27/98 954-255-0012

CR2E034 (10/97)