

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P95000011490 (6)**

1. Corporation Name

ADMINISTRATOR'S ADVISORY GROUP OF ~~STATE~~ INC.

NC 12/01/95

South Fl.

NC 12-1-95



Principal Place of Business

Mailing Address

**2981 WEST SR. 434
SUITE 500
LONGWOOD FL 32779**

**2981 WEST SR. 434
SUITE 500
LONGWOOD FL 32779**

2. Principal Place of Business

2a. Mailing Address

21

26

State, Apt. #, etc.

State, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**SMITH, CHARLES
2981 WEST SR. 434
SUITE 500
LONGWOOD FL 32779**

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 607.040, 607.041 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent for both in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby, I accept the appointment as registered agent. I am familiar with and accept the obligations of Sections 607.040, 607.041, Florida Statutes.

SIGNATURE

Signature of Registered Agent

Signature of Officer or Director

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

[] DELETE

[] Change [] Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

D

SMITH, CHARLES

**2981 WEST SR 434 SUITE 500
LONGWOOD FL 32779**

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY-STATE-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

5. TITLE
6. NAME
7. STREET ADDRESS
8. CITY-STATE-ZIP

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TITLE
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STREET ADDRESS
CITY-STATE-ZIP

9. TITLE
10. NAME
11. STREET ADDRESS
12. CITY-STATE-ZIP

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TITLE
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STREET ADDRESS
CITY-STATE-ZIP

13. TITLE
14. NAME
15. STREET ADDRESS
16. CITY-STATE-ZIP

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STREET ADDRESS
CITY-STATE-ZIP

17. TITLE
18. NAME
19. STREET ADDRESS
20. CITY-STATE-ZIP

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[] Change [] Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

21. TITLE
22. NAME
23. STREET ADDRESS
24. CITY-STATE-ZIP

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[] Change [] 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)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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 registered agent employed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report or in an attachment to this filing.

SIGNATURE:

Charles D. Smith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/96

407-281-4890

CR2E034 (12/95)