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

PROFIT CORPORATION ANNUAL REPORT

1997

STREET ADDRESS

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME



FLORIDA DEPARTMENT OF STATE

FILED

May 20 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000033283 (9)

THE ADVISORY BOARD FORUM, INC.

									1					
Principal Place of Business Mailing Address											*****	*********		
326 SECOND STREET SOUTH SAFETY HARBOR FL 34895				328 SECOND STREET SOUTH SAFETY HARBOR FL 34695-4011				,						
										3. Date Incorporated or Qualified 04/27/1995		te of Las 6/199(port
2. Principal Place of Business					21. Mailing Address					4. FEI Number			App	lied For
21				26						59-3365496				Applicable
Suite. Apt.			· · · · · · · · · · · · · · · · · · ·	27	Suite, Apt. #, etc.		" . 			5. Certificate of Status Desired			5 Ad Req	lditional uired
City & Stat	te			28	City & State					6. Election Campaign Financing Trust Fund Contribution				lay Be Fees
Zip ,	Country 25				210 Cour					8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes				
			Address of Current	Regi	stered Agent				,	10. Name and Address of New Re	gistered A	gent		
	rahamson,						81	Name						
328 SECOND STREET SOUTH						82	Street A	t Address (P.O. Box Number is Not Acceptable)						
SAF	FETY HARBO	OR F	L 34695								·			
							83							
							64	City				85 2	Zip Co	ode
11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutes, the at								L			FL	Ш.		
office or agent. I	registered ag am familiar wi	jent, c	r both, in the State of accept the obligat	f Flori	ida. Such change was a of, Section 607.0505, Flo	autho orida	rized by Statules	the corp	ooratio	on's board of directors. I hereby accept	ot the appo	ointment	as re	registered egistered
SIGNATURE	Cional na hayari	n nunt	ed name of registered agont	no Lul	le d nonicable (NOT	L Bon	nerec Acc	ul consture	*00: 1170	d when reinstating)	DATE			
12.	Signature, typeo	or positi	OFFICERS AND				13.	on signature	Tequirec	ADDITIONS/CHANGES TO OFFIC		DIRECT	ORS	IN 12
TITLE	P				DELETE	-	1 1 TITLE					Chan		Additio
NAME	ABRAHAI	MSOI	N, LEE M			- 1	1.2 NAME						•	
STREET ADDRESS	AND AFO		STREET SOUTH			1		ADDRESS						
CITY-ST-ZIP	SAFETY	HARE	KOR FL			1	1.4 CITY-S	T-ZIP						
TITLE	1				DELETE	_	2.1 TITLE					Chan	ge	Additio
NAME							2.2 NAME							
STREET ADDRESS						1	2.3 STREET	ADDRESS						
CITY-ST-ZIP							2. 4 CITY-:	ST-ZIP						
TITLE	1				DELETE	1	3.1 TITLE					Chan	ge	Additio
NAME						f	3.2 NAME							
STREET ADDRESS						ı	3.3 STREET	ADDRESS						
CITY-ST-ZIP							3.4. CITY-	ST-ZIP	l					
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HAME"	1					1	4 2 NAME		}	30000221 -06/03/97010		130 130		
STREET ADDRESS	: [4.3 STREE	AUDRESS	İ	***165.00	JUL 6			
CITY-ST-ZIP							4.4 CITY - 5	ST - 21P	l	444100100				
TITLE					☐ DELETE	7	5.1 TITLE					Cnar	nge .	Additio
NAME	1						5.2 NAME		1					W.

14. I do 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 frue 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 effect 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.

5 3 STREET ADDRESS

6.3 STREET ADDRESS 6.4 CITY - ST - ZIP

5 4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

DELETE