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PROFIT CORPORATION ANNUAL REPORT

1997



ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000066803 (3)

THE ADVOCATES' ASSOCIATES GROUP, INC.

FILED Mar 19 1997 8:00am Secretary of State



Principal Place of	of Business	Mailing Address			, , , , , , , , , , , , , , , , , , , ,		
3420 OBISPO STR TAMPA FL 33629	EET	3420 OBISPO STREET TAMPA FL 33629-7915					
					3. Date Incorporated or Qualified 08/09/1996	3a. Date of La	st Report
2. Principal Plac	· · · · · · · · · · · · · · · · · · ·	2a. Mailing Address			4. FEI Number		Applied For
	Obispo Street	26 Sam	Q		59-33956as		Not Applicable
Suite, Apt. #,	elc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	1 1 7 -	5 Additional e Required
City & State		City & State			6. Election Campaign Financing		00 May Be
23 - 3-7	Tampa, FL	28			Trust Fund Contribution	<u> </u>	led to Fees
Zip	Country	Zip	Country		8. This corporation has liability for in		ers 199 032,
24 3362	-9 25 Hillsborough	29	30		Florida Statutes 10. Name and Address of New Reg	Yes No	
	9. Name and Address of Current	Hegistered Agent	81	Name		istered Agent	
	CHNER, SHERYL J				Same	······································	
3420 OBISPO STREET TAMPA FL 33629					Street Address (P.O. Box Number is Not Acceptable)		
120012	I I E VVVEV		83				
			84	City		— 85	Zip Code
			07	Ony		FL ° ° '	ap code
office or regi agent. I am ! SIGNATURE _	istered agent, or both, in the State of familiar with, and accept the obligation of the obligation of the state of the sta	Efforida Such change wa ons of Section 607.0505,	is authorized by Florida Statutes	r the corpora s.	rporation submits this statement for the pualion's board of directors. I hereby accept	The appointmen	t as registered
12.	OFFICERS AND		13.	ant argument resign	ADDITIONS/CHANGES TO OFFICE		TORS IN 12
TITLE		DELETE	1.1 TITE		President	Char	ge 💹 Addition
NAMÉ			1.2 NAME	Š	heryl to Bentschner		
STREET ADDRESS			1.3 STREET	ADDRESS 3	resident heryl To Bentschner 1420 Obispo Street Tampa, FL 3362	_	
CITY-ST-ZIP			1.4 C·TY - S	1 - 7IP	Tampa, FL 3362		
TITLE		☐ DELETE	21 11111			Char	ige 🔲 Addition
NAME			2.2 NAME	ADDD(OC			
STREET ADDRESS CITY-ST-ZIP			2 3 STREET 2 4 City - S				
TATLE		DELETE	311811	31-211		☐ Char	ige 🔲 Addition
NAME			3.2 NAME				
STREET ADDRESS			3 3 STHEET	ADDRESS	f		
CITY-ST-ZIP		·	3.4. CITY - S	II - ZiP			<u></u>
TITLE		DELETE	4.1 TITLE	}		Char	ge L Addition
NAME			4 2 NAME				ļ
STREET ADDRESS			4.3 STRFF1				•
CITY-ST-ZIP TITLE		DELETE	4.4 CHY-S 5.1 TIBLE	T · ZIP		Char	ge Addition
NAME		_ Marit	5.2 NAME			LI Vilai	.go, Modition
STREET ADDRESS			5.3 \$18971	ADDRESS			İ
CITY-\$T-ZIP			5.4 CHY-S	1			
TITLE	the state of processing and the state of processing and the state of processing and the state of	DELETE	6.1 HTLF			☐ Char	ge Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET	ADDRESS			
CITY-ST-ZIP			6.4 CITY - S	1- Z(P			

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 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 13 if phanged, or on an attachment with an address.

3/12/01 015-021-5139