


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

FILED
May 26 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 # 0970000001386 1. Corporation Name AMERICAN ADVISORY SERVICES, INC. Principal Place of Business Mailing Address 446 W HILLSBORO BLVD DEERFIELD BEACH, FL 33441			
2. Principal Place of Business		2a. Mailing Address	
21. Suite, Apt #, etc.	22. City & State	26. Suite, Apt #, etc.	27. City & State
23. Zip	25. Country	28. Zip	30. Country
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
PETER W. FEROMAN 446 W. HILLSBORO BLVD. DEERFIELD BEACH, FL 33441		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 607.0502 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: <i>Peter W. Feroman</i> PETER W. FEROMAN 4/13/98 Signature: typed or printed name of registered agent and for it applicable (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PETER W. FEROMAN PRESIDENT 446 W. HILLSBORO BLVD DEERFIELD BEACH, FL 33441	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY GLORIA KASSIA 446 W. HILLSBORO BLVD DEERFIELD BEACH, FL 33441	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 the instrument with an address.		300002536253 -05/27/98--01029--014 ***150.00	
SIGNATURE: <i>Peter W. Feroman</i> PETER W. FEROMAN PRESIDENT 4/13/98		SIGNATURE: <i>Peter W. Feroman</i> PETER W. FEROMAN PRESIDENT 4/13/98	

CR2E034 (10/97)