

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000105756

1. Corporation Name
ACQUISITION ADVISORS, INC.

Principal Place of Business 222 Lakeview Avenue 17 th Floor West Palm Beach, FL 33401	Mailing Address 222 Lakeview Avenue 17 th Floor West Palm Beach, FL 33401
2. Principal Place of Business 21 Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip 24 Country	25 Zip 29 Country

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90108 003 ***150.00

0329078



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/16/1997	
4. FEI Number 65-0818007	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 the current year Intangible Personal Property Tax.	□ Yes X No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
---	--

JURAN, LAWRENCE B
3801 PGA BOULEVARD #1000
PALM BEACH GARDENS FL 33410

Regserv Corp.
222 Lakeview Avenue
17th Floor
West Palm Beach

33401

11. Pursue office & agent. SIGNATUR	Regserv Corp. By:	utes, the a uthorized Florida Stat
--	----------------------	--

Mark Nussbaum, vice President April 27, 1999

TE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	□ DELETE	1.1 TITLE	□ Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	□ DELETE	2.1 TITLE	□ Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	□ DELETE	3.1 TITLE	□ Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4. CITY-ST-ZIP	
TITLE	□ DELETE	4.1 TITLE	□ Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	□ DELETE	5.1 TITLE	□ Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	□ DELETE	6.1 TITLE	□ 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, with all other like empowered.

SIGNATURE: *Patrick J. DiSalvo* REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Patrick J. DiSalvo
Vice President

April 12, 1999 (561) 655-9008

Daytime Phone #

CR2E034 (11/98)