

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

FILED  
Apr 02, 1999 8:00 am  
Secretary of State

04-02-1999 90017 034 \*\*\*158.75

DOCUMENT # P98000005596

1. Corporation Name  
ADVOCACY ASSOCIATES, INC.

Principal Place of Business  
7466 WEST EIGHTEENTH AVENUE  
HIALEAH LAKES FL 33014

Mailing Address  
7466 WEST EIGHTEENTH AVENUE  
HIALEAH LAKES FL 33014

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
01/20/1998

4. FEI Number ☐ Applied For  
☒ Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional  
Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be  
Trust Fund Contribution Added to Fees

8. This corporation owes the current year intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business  
21 68 Forest Circle  
Suite, Apt. #, etc.

2a. Mailing Address  
26 68 Forest Circle  
Suite, Apt. #, etc.

22 City & State  
23 Cooper City, FL  
24 33026 25 USA

27 City & State  
28 Cooper City, FL  
29 33026 30 USA

9. Name and Address of Current Registered Agent

KOCH, DIANA B  
7466 WEST EIGHTEENTH AVENUE  
HIALEAH LAKES FL 33014

10. Name and Address of New Registered Agent

81 Name KOCH, DIANA B.  
82 Street Address (P.O. Box Number is Not Acceptable)  
68 Forest Circle  
83  
84 City Cooper City FL 85 Zip Code 33026

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 Diana B. Koch Diana B. Koch 3/29/99  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE D  
NAME SATIN, JUDITH  
STREET ADDRESS 7466 WEST EIGHTEENTH AVENUE  
CITY-ST-ZIP HIALEAH LAKES FL 33014

TITLE D  
NAME KOCH, DIANA B  
STREET ADDRESS 7466 WEST EIGHTEENTH AVENUE  
CITY-ST-ZIP HIALEAH LAKES FL 33014

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☒ Change ☐ Addition

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS 68 Forest Circle  
1.4 CITY-ST-ZIP Cooper City, FL 33026

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS 68 Forest Circle  
2.4 CITY-ST-ZIP Cooper City, FL 33026

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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: Diana B. Koch  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/99 954-443-3690  
Date Daytime Phone #

0131019

CR2E034 (11/98)