FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **443593** **(9)**

1. Corporation Name

SEITLIN PLANNING CORPORATION

Principal Place of Business	Mailing Address
8125 NW 53RD ST. STE 200 PO BOX 025220 (ZIP 33102-5220) MIAMI FL 33166-1628	PO BOX 025220 PO BOX 025220 (ZIP 33102-5220) MIAMI FL 33102 US

3. Date Incorporated or Qualified: 02/19/1974	3a. Date of Last Report: 05/01/1995
4. FEI Number: 59-1506636	☐ 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 has liability for intangible tax under s 199.032, Florida Statutes ☐ Yes ☑ No	

2. Principal Place of Business	2a. Mailing Address
21 2001 NW 107 AVE, ~~FLA 33172~~	26 P.O. Box 025220
Suite, Apt. #, etc. 22 Ste 200	Suite, Apt. #, etc. 27
City & State 23 Miami FL	City & State 28 Miami FL
Zip / Country 24 33172 / 25 USA	Zip / Country 29 33102 / 30 USA

9. Name and Address of Current Registered Agent

JACKMAN, M. STEPHEN
8125 NW 53RD ST., STE 200
MIAMI FL 33166

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable): 2001 NW 107 Ave.

83 Ste 200

84 City: Miami FL 85 Zip Code: 33172

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SOLOMON, STEPHEN M		1.2 NAME		
STREET ADDRESS	9328 N.W. 48 DORAL TERR		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 00000		1.4 CITY-ST-ZIP		
TITLE	VST	☐ DELETE	2.1 TITLE		☑ Change ☐ Addition
NAME	JACKMAN, STEPHEN M		2.2 NAME		
STREET ADDRESS	10405 SW 134TH ST		2.3 STREET ADDRESS	330 Royal Plaza Drive	
CITY-ST-ZIP	MIAMI, FL 00000		2.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33301	
TITLE	CD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	SEITLIN, SAM		3.2 NAME		
STREET ADDRESS	10155 COLLINS AVE #1078		3.3 STREET ADDRESS		
CITY-ST-ZIP	BAL HARBOUR, FL 00000		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ 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 ☐ 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 ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: M. Stephen Jackman 4/17/96 305-591-0090
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)