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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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
2001 NW 107 AVE SUITE 200 MIAMI FL 33172 US	P. O. BOX 025220 PO BOX 025220 (ZIP 33102-5220) MIAMI FL 33102-5220 US

3. Date Incorporated or Qualified: 02/19/1974
3a. Date of Last Report: 04/23/1996

2. Principal Place of Business — 21
2a. Mailing Address — 26: P.O. Box 025220
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28: Miami FL
Zip — 24
Country — 25
Zip — 29: 33102
Country — 30: USA

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

9. Name and Address of Current Registered Agent

JACKMAN, M. STEPHEN
2001 NW 107 AVE
SUITE 200
MIAMI FL 33172

10. Name and Address of New Registered Agent

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

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	2001 NW 107 Ave, Ste 200	
CITY-ST-ZIP	MIAMI, FL 00000		1.4 CITY-ST-ZIP	Miami FL 33172	
TITLE	VST	☐ DELETE	2.1 TITLE		☑ Change ☐ Addition
NAME	JACKMAN, STEPHEN M		2.2 NAME		
STREET ADDRESS	330 ROYAL PLAZA DR		2.3 STREET ADDRESS	2001 NW 107 Ave, Ste 200	
CITY-ST-ZIP	FT. LAUDERDALE FL		2.4 CITY-ST-ZIP	Miami FL 33172	
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		

CR2E034 (9/96)

14. 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: M Seitlin — 3/24/97 — 305 591-0090
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0264718