

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 24 PM 1:26

DOCUMENT # **693720** (5)

1. Corporation Name
THE SIMPLICITY PLAN, INC.

Principal Place of Business Mailing Address
1201 SOUTH ORLANDO AVENUE SUITE 365 WINTER PARK FL 32789

DO NOT WRITE IN THIS SPACE.

3. Date incorporated or Qualified 07/09/1981	3a. Date of Last Report 06/03/1994
4. FEI Number 59-2110130	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 25
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State 22	City & State 27
Zip 23	Country 28
Country 24	Zip 29
Country 25	Country 30

9. Name and Address of Current Registered Agent

BALDWIN, RICHARD O JR
1201 SOUTH ORLANDO AVENUE
SUITE 365
WINTER PARK 32789

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

12. OFFICERS AND DIRECTORS

TITLE	V
NAME	KNOPKE, RAYMOND C JR
STREET ADDRESS	301 N IVANHOE
CITY-ST-ZIP	ORLANDO FL
TITLE	V
NAME	KNOPKE, KEENAN L
STREET ADDRESS	3260 SW 8TH ST
CITY-ST-ZIP	MIAMI FL
TITLE	V
NAME	PANTER, MARK A
STREET ADDRESS	4207 E LAKE AVE
CITY-ST-ZIP	TAMPA FL
TITLE	AS
NAME	PATRON, RONALD H
STREET ADDRESS	110 VETERANS BLVD
CITY-ST-ZIP	METAIRIE LA
TITLE	SV
NAME	OLVEY, CORINNE I
STREET ADDRESS	1201 S ORLANDO AVE, #365
CITY-ST-ZIP	WINTER PARK FL
TITLE	AS
NAME	BUDDE, KENNETH C
STREET ADDRESS	110 VETERAN BLVD.
CITY-ST-ZIP	METAIRIE, LA 0

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Richard O. Baldwin, Jr.	
1.3 STREET ADDRESS	1201 S. Orlando Ave., Ste 365	
1.4 CITY-ST-ZIP	Winter Park, FL 32789	
2.1 TITLE	V/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Frank L. Matasavage	
2.3 STREET ADDRESS	2400 Harrell Road	
2.4 CITY-ST-ZIP	Orlando, FL 32817	
3.1 TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	William E. Rowe	
3.3 STREET ADDRESS	110 Veterans Blvd.	
3.4 CITY-ST-ZIP	Metairie, LA	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Frank B. Stewart, Jr.	
4.3 STREET ADDRESS	110 Veterans Blvd.	
4.4 CITY-ST-ZIP	Metairie, LA	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 110.07(3)(k), Florida Statutes. I further certify that the information included 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 holder of a duly 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 this filing.

SIGNATURE: *Corinne J. Olvey* **2/16/95 407-740-7000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
CORINNE J. OLVEY