

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

PROFIT-CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **693720** (5)  
1. Corporation Name  
**THE SIMPLICITY PLAN, INC.**



700001867417  
-06/19/96--01083--044  
\*\*\*200.00

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

3. Date Incorporated or Qualified: **07/09/1981** 3a. Date of Last Report: **03/24/1995**

2. Principal Place of Business: 21, 22, 23, 24  
2a. Mailing Address: 26, 27, 28, 29, 30

4. FEI Number: **59-2110130**  
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  
**BALDWIN, RICHARD O JR  
1201 SOUTH ORLANDO AVENUE  
SUITE 365  
WINTER PARK 32789**

10. Name and Address of New Registered Agent  
81 Name: **RAYMOND C. KNOPKE, JR.**  
82 Street Address (P.O. Box Number is Not Acceptable): **1201 S. ORLANDO AVE.**  
83 **SUITE 365**  
84 City: **WINTER PARK** 85 Zip Code: **FL 32789**

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: *[Signature]* DATE: **4/29/96**

12. OFFICERS AND DIRECTORS

TITLE	V	DELETE
NAME	<b>KNOPKE, RAYMOND C JR</b>	
STREET ADDRESS	<del>301 N VANHOE</del> <b>1201 S. Orlando Ave.</b>	
CITY-ST-ZIP	<del>ORLANDO FL</del> <b>Winter Park, FL 32789</b>	
TITLE	V	DELETE
NAME	<b>KNOPKE, KEENAN L</b>	
STREET ADDRESS	<del>3200 SW 8TH ST</del> <b>11655 S. W. 117th Ave.</b>	
CITY-ST-ZIP	<b>MIAMI FL 33186</b>	
TITLE	V	DELETE
NAME	<b>PANTER, MARK A</b>	
STREET ADDRESS	<b>4207 E LAKE AVE</b>	
CITY-ST-ZIP	<b>TAMPA FL</b>	
TITLE	AS	DELETE
NAME	<b>PATRON, RONALD H</b>	
STREET ADDRESS	<b>110 VETERANS BLVD</b>	
CITY-ST-ZIP	<b>METAIRIE LA</b>	
TITLE	SV	DELETE
NAME	<b>OLVEY, CORINNE I</b>	
STREET ADDRESS	<b>1201 S ORLANDO AVE, #365</b>	
CITY-ST-ZIP	<b>WINTER PARK FL</b>	
TITLE	AS	DELETE
NAME	<b>BUDDE, KENNETH C</b>	
STREET ADDRESS	<b>110 VETERAN BLVD.</b>	
CITY-ST-ZIP	<b>METAIRIE, LA 0</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	P/D	Change	Addition
12 NAME	<b>Brian J. Marlowe</b>		
13 STREET ADDRESS	<b>6707 Democracy Blvd Suite950</b>		
14 CITY-ST-ZIP	<b>Bethesda, MD 20817</b>		
21 TITLE	VP/T	Change	Addition
22 NAME	<b>Frank L. Matasavage</b>		
23 STREET ADDRESS	<b>2400 Harrell Road</b>		
24 CITY-ST-ZIP	<b>Orlando, FL 32817</b>		
31 TITLE	VP/D	Change	Addition
32 NAME	<b>William E. Rowe</b>		
33 STREET ADDRESS	<b>110 Veterans Blvd</b>		
34 CITY-ST-ZIP	<b>Metairie, LA 70005</b>		
41 TITLE	VP	Change	Addition
42 NAME	<b>James A. Hora</b>		
43 STREET ADDRESS	<b>2400 Harrell Road</b>		
44 CITY-ST-ZIP	<b>Orlando, FL 32817</b>		
51 TITLE	VP	Change	Addition
52 NAME	<b>Scarlett A. Brown</b>		
53 STREET ADDRESS	<b>737 Main Street</b>		
54 CITY-ST-ZIP	<b>Safety Harbour, Fl 34695</b>		
61 TITLE	D	Change	Addition
62 NAME	<b>Joseph P. Henican III</b>		
63 STREET ADDRESS	<b>110 Veterans Blvd</b>		
64 CITY-ST-ZIP	<b>Metairie, LA 70005</b>		

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 or person 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: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER: **Corinne I. Olvey, VP/S** DATE: **4/29/96** 407/740-7000

CR2E034 (12/95)