

**FILE NOW: FILING FEE AFTER MAY-1 IS \$550.00**

**FILED**

**May 06 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 693720 (5)**

1. Corporation Name  
**THE SIMPLICITY PLAN, INC.**



Principal Place of Business <b>1201 SOUTH ORLANDO AVENUE SUITE 365 WINTER PARK FL 32789</b>	Mailing Address <b>1201 SOUTH ORLANDO AVENUE SUITE 365 WINTER PARK FL 32789-7107</b>
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3. Date Incorporated or Qualified <b>07/09/1981</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>59-2110130</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country
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9. Name and Address of Current Registered Agent

**KNOPKE, RAYMOND C JR.  
1201 SOUTH ORLANDO AVENUE  
SUITE 365  
WINTER PARK FL 32789**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
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	<b>V</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>KNOPKE, RAYMOND C JR</b>	
STREET ADDRESS	<b>1201 SOUTH ORLANDO AVENUE #365</b>	
CITY - ST - ZIP	<b>WINTER PARK FL 32789</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>KNOPKE, KEENAN L</b>	
STREET ADDRESS	<b>11655 SW 177 AVE</b>	
CITY - ST - ZIP	<b>MIAMI FL 33186</b>	
TITLE	<b>V</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>PANTER, MARK A</b>	
STREET ADDRESS	<b>4207 E LAKE AVE</b>	
CITY - ST - ZIP	<b>TAMPA FL</b>	
TITLE	<b>AS</b>	<input type="checkbox"/> DELETE
NAME	<b>PATRON, RONALD H</b>	
STREET ADDRESS	<b>110 VETERANS BLVD</b>	
CITY - ST - ZIP	<b>METAIRIE LA</b>	
TITLE	<b>SV</b>	<input type="checkbox"/> 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	<b>AS</b>	<input type="checkbox"/> 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

1.1 TITLE	<b>P/AS/D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Brent F. Heffron</b>	
1.3 STREET ADDRESS	<b>1201 S. Orlando Ave., # 365</b>	
1.4 CITY - ST - ZIP	<b>Winter Park, FL 32789</b>	
2.1 TITLE	<b>T</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Frank L. Matasavage</b>	
2.3 STREET ADDRESS	<b>1201 S. Orlando Ave., # 365</b>	
2.4 CITY - ST - ZIP	<b>Winter Park, FL 32789</b>	
3.1 TITLE	<b>VP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Gabriel Romanach</b>	
3.3 STREET ADDRESS	<b>11655 SW 117th Ave</b>	
3.4 CITY - ST - ZIP	<b>Miami, FL 33186</b>	
4.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>William E. Rowe</b>	
4.3 STREET ADDRESS	<b>110 Veterans Memorial Blvd.</b>	
4.4 CITY - ST - ZIP	<b>Metairie, LA 70005</b>	
5.1 TITLE	<b>S</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>Corinne I. Olvey</b>	
5.3 STREET ADDRESS	<b>1201 S. Orlando Ave., # 365</b>	
5.4 CITY - ST - ZIP	<b>Winter Park, FL 32789</b>	
6.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>Joseph P. Henican III</b>	
6.3 STREET ADDRESS	<b>110 Veterans Memorial Blvd.</b>	
6.4 CITY - ST - ZIP	<b>Metairie, LA 70005</b>	

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: *Corinne I. Olvey*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Corinne I. Olvey**  
 4/28/97 407/740-7000

CR2E034 (9/96)