

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

FILED
May 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 693720 (5)

1. Corporation Name
THE SIMPLICITY PLAN, INC.



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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/09/1981	
21 Suite, Apt #, etc.	22 City & State	23 Zip	24 Country	25	26
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9. Name and Address of Current Registered Agent KNOPKE, KEANAN L 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	
				85 Zip Code	
				FL	

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 typed or printed name of registered agent and block if applicable) (FROTH Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PASD <input type="checkbox"/> DELETE	1.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HEFFRON, BRENT F	1.2 NAME	Silvio A. Flores
STREET ADDRESS	1201 SOUTH ORLANDO AVENUE #365	1.3 STREET ADDRESS	St. San Jose, No. 607
CITY-ST-ZIP	WINTER PARK FL	1.4 CITY-ST-ZIP	Santurce, Puerto Rico 00910
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KNOPKE, KEANAN L	2.2 NAME	Frank L. Matasavage
STREET ADDRESS	11655 SW 177 AVE	2.3 STREET ADDRESS	1201 S. Orlando Ave., Ste. 365
CITY-ST-ZIP	MIAMI FL 33186	2.4 CITY-ST-ZIP	Winter Park, FL 32789
TITLE	VP <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROMANACH, GABRIEL	3.2 NAME	
STREET ADDRESS	11655 SW 117TH AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	AS <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATRON, RONALD H	4.2 NAME	
STREET ADDRESS	110 VETERANS BLVD	4.3 STREET ADDRESS	
CITY-ST-ZIP	METAIRIE LA	4.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLVEY, CORINNE I	5.2 NAME	
STREET ADDRESS	1201 S ORLANDO AVE, #365	5.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL	5.4 CITY-ST-ZIP	
TITLE	AS <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUDE, KENNETH C	6.2 NAME	
STREET ADDRESS	110 VETERAN BLVD.	6.3 STREET ADDRESS	
CITY-ST-ZIP	METAIRIE, LA 0	6.4 CITY-ST-ZIP	

14. I 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 employed 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** 4-22-98 407/740-7000

CR2E034 (10/97)