

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

APPROVED AND FILED

05 MAY -1 AM 3:01

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Workman
Secretary of State
1995-1999

DOCUMENT # **G78733** (4)

FINANCIAL PLANNING AND MANAGEMENT SERVICES, INC.

Principal Office (Mailing Address) Mailing Address
% BARBARA J. OTTO
SUITE 220
LONGWOOD FL 32779
US

2. Principal Office (Business) 2a. Mailing Address
21. 1230 DOUGLAS AVE 26. 1230 DOUGLAS AVE
SUITE 220 SUITE 220
22. LONGWOOD FL 27. LONGWOOD FL
32779 32779
25. SCHMOLE 30. SEMMOLE

3. Date of Incorporation (or assumed) 3a. Date of Last Report
01/13/1984 05/01/1994
4. FE Number Applied For / Not Applicable
59-2360952
5. Campaign of Status (Domestic) \$8.75 Additional Fee Required
6. Election Campaign Financing / Trust Fund Contributor \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under 215.11(4)(3), Florida Statutes. Yes / No

9. Name and Address of Current Registered Agent
OTTO, BARBARA J.
1230 DOUGLAS AVENUE
SUITE 220
LONGWOOD FL 32779

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City, State, Zip
FL 85. Zip Code

11. I, the undersigned, being duly sworn, depose and say that the above named corporation submits this statement for the purpose of changing its registered office or principal office as shown on this report. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and believe in the accuracy of the foregoing. Executed on 5/1/95 at Tallahassee, Florida.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS, AND DIRECTORS IN '95	
NAME	PST OTTO, BARBARA J. 1009 SWEETWATER BLVD. LONGWOOD FL	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VD OTTO, BARBARA J. 1009 SWEETWATER BLVD. LONGWOOD FL	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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14. I, the undersigned, certify that the information supplied with this filing is accurate, correct and of legal quality for the corporation stated on this report. I am a resident of the State of Florida and I am duly sworn. I am the registered agent for the corporation and I am familiar with and believe in the accuracy of the foregoing. Executed on 5/1/95 at Tallahassee, Florida.

SIGNATURE: *Barbara J. Otto* BARBARA J. OTTO 5-1-95 407-788-7333