

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

FILED
Apr 05, 1999 8:00 am
Secretary of State

04-05-1999 90016 016 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **G78733**

1. Corporation Name
FINANCIAL PLANNING AND MANAGEMENT SERVICES, INC.



Principal Place of Business
 1230 DOUGLAS AVE
 220
 LONGWOOD FL 32779
 US

Mailing Address
 1230 DOUGLAS AVE
 SUITE 220
 LONGWOOD FL 32779
 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01/13/1984

2. Principal Place of Business
 21 **805 DOUGLAS AVE**

2a. Mailing Address
 26 **805 DOUGLAS AVE**

4. FEI Number
59-2360952

Applied For
 Not Applicable

22 **SUITE 161**

27 **SUITE 161**

5. Certificate of Status Desired - **\$8.75** Additional Fee Required

23 **ALTAMONTE SPRINGS**

28 **ALTAMONTE SPRINGS**

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

24 **32714** 25 **SEMINOLE**

29 **32714** 30 **SEMINOLE**

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

OTTO, BARBARA J.
 1230 DOUGLAS AVENUE
 SUITE 220
 LONGWOOD FL 32779

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

805 DOUGLAS AVENUE

83

SUITE 161

84

ALTAMONTE SPRINGS FL 85

32714

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
PST	OTTO, BARBARA J.	1009 SWEETWATER BLVD.	LONGWOOD FL	<input type="checkbox"/>
VD	OTTO, BARBARA J.	1009 SWEETWATER BLVD.	LONGWOOD FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		1141 SWEET HEATHER LANE	APOPKA, FL 32712	<input checked="" type="checkbox"/>
		1141 SWEET HEATHER LANE	APOPKA, FL 32712	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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 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, with all other like empowered.

SIGNATURE: **Barbara J. Otto**

3-31-99 407/788-7333

CR2E034 (1/1/98)