FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # H94290 (4)

1. Corporation Name

GROWTH MANAGEMENT PLANNING, INC.

Principal Place of Business
2255 GLADES ROAD #219A
BOCA RATON FL 33433-9984

Mailing Address
2255 GLADES ROAD #219A
BOCA RATON FL 33433-9984

3. Date Incorporated or Qualified: 01/13/1986
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business
21
Suite, Apt. #, etc
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: 59-2634273 ☐ Applied For ☐ Not Applicable

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

KNIGHT, WILLIAM L.
2255 GLADES ROAD
SUITE 219A
BOCA RATON FL 33431

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 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	PDC	☐ DELETE
NAME	KNIGHT, WILLIAM L.	
STREET ADDRESS	2255 GLADES RD #219A	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	ST	☒ DELETE
NAME	BLECH, DAVID R.	
STREET ADDRESS	2255 GLADES RD #219A	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	V	☐ DELETE
NAME	KNIGHT, JAMES	
STREET ADDRESS	2255 GLADES RD #219A	
CITY-ST-ZIP	BOCA RATON FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Treas.	☐ Change ☒ Addition
1.2 NAME	Silvia Handwerker	
1.3 STREET ADDRESS	2255 Glades Rd #219A	
1.4 CITY-ST-ZIP	Boca Raton FL	
2.1 TITLE	Sec.	☐ Change ☒ Addition
2.2 NAME	Colleen Baker	
2.3 STREET ADDRESS	2255 Glades Rd #219A	
2.4 CITY-ST-ZIP	Boca Raton FL	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 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: Colleen Baker
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Colleen Baker, Sec.

Date: 4/30/96 Daytime Phone #: 407-241-1000

CR2E034 (12/95)