

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

PROFIT CORPORATION ANNUAL REPORT 1999



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

FILED Feb 19, 1999 8:00 am Secretary of State

02-19-1999 90144 026 ***150.00

DOCUMENT # J48732

1. Corporation Name PROFESSIONAL PLANNERS MARKETING GROUP, INC.

Principal Place of Business 636 U.S. HWY. 1 P.O. BOX 14457 NORTH PALM BEACH FL 33408 Mailing Address 636 U.S. HWY. 1 P.O. BOX 14457 NORTH PALM BEACH FL 33408



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/19/1986 4. FEI Number 59-2750194 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 owes the current year intangible Personal Property Tax.

2. Principal Place of Business 2a. Mailing Address 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25 26 27 28 29 30

9. Name and Address of Current Registered Agent LAMPERT, MICHAEL A. 2970 BURGOYNE LANE WEST PALM BEACH FL 33409

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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS Table with columns for Title, Name, Street Address, City-ST-ZIP. Includes LAMPERT, ARNOLD L. and LAMPERT, ANTHONY E.

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Table with columns for Title, Name, Street Address, City-ST-ZIP. Includes rows 1.1 through 6.4.

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: [Signature] DATE: 2/4/99 DAYTIME PHONE #

CR2E034 (11/98)

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