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PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **K23112** **(1)**

1. Corporation Name
ADVANCED PLANNING SPECIALISTS INC.

Principal Place of Business	Mailing Address
2000 PALM BAY RD NE SUITE 3 PALM BAY FL 32905	2000 PALM BAY RD NE SUITE 3 PALM BAY FL 32905-2975

3. Date Incorporated or Qualified: 05/01/1988
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business
21 1571 Robert J. Conlon Blvd
Suite, Apt. #, etc.
22 Suite 100
City & State
23 Palm Bay, Florida
Zip 24 32905 Country 25 USA

2a. Mailing Address
26 1571 Robert J. Conlon Blvd.
Suite, Apt. #, etc.
27 Suite 100
City & State
28 Palm Bay, Florida
Zip 29 32905 Country 30 USA

4. FEI Number: 65-0064594 ☐ 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
SHICK, JEFFREY D.
2000 PALM BAY RD NE STE 3
PALM BAY FL 32907

10. Name and Address of New Registered Agent
81 Name: Shick, Jeffrey D.
82 Street Address (P.O. Box Number is Not Acceptable): 1571 Robert J. Conlon Blvd., Suite 100
83
84 City: Palm Bay FL 85 Zip Code: 32905

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: Jeffrey D Shick 1/21/97
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	P SHICK, JEFFREY D. 2000 PALM BAY NE STE E PALM BAY FL ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	P Shick, Jeffrey D. 1571 Robert J. Conlon Blvd., Suite 100 Palm Bay, Florida 32905 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/96)

14. I do 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.

SIGNATURE: Jeffrey D Shick 1/21/97 (407) 728-0821
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0101086