

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Nancy B. Murrain
Secretary of State
1905 AVENUE OF THE SUN, SUITE 402
TALLAHASSEE, FLORIDA 32399-0402

APPROVED
AND
FILED

95 APR 23 PM 1:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000068434 (7)**

1. Corporation Name
WEALTH PLANNING, INC.

DO NOT WRITE IN THIS SPACE

Principal Office Address: **19195 MYSTIC POINT DR #702 AVENTURA FL 33180**
Mailing Address: **19195 MYSTIC POINT DR #702 AVENTURA FL 33180**

3. Date Incorporated or Qualified 09/15/1994	3a. Date of Last Report
4. FFI Number 65-0507005-002/03	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. Does corporation qualify for simplified tax under Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent
**KIMLER, LEWIS S
499 NW 70TH AVE
SUITE 108
PLANTATION FL 33317**

10. Name and Address of New Registered Agent
B1. Name
B2. Street Address (P.O. Box Number is Not Acceptable)
B3.
B4. City
B5. Zip Code **FL**

11. Pursuant to the provisions of law herein and the Florida Statutes, the above named corporation submits this statement for the purpose of having its registered office or registered agent, as both in the State of Florida, lawfully changed, and the right by this corporation's board of directors, to hereby accept the appointment as registered agent, fully comply with and accept the responsibilities as set forth in the Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS	13. ADDITIONAL OFFICERS, DIRECTORS OR REGISTERED AGENTS
NAME: DVST BERES, CEIL STREET ADDRESS: 19195 MYSTIC POINT DR #702 AVENTURA FL 33180	14. NAME 15. STREET ADDRESS 16. CITY & STATE <input type="checkbox"/> Change <input type="checkbox"/> Add/Off
NAME: DP BERES, ARTHUR J STREET ADDRESS: 19195 MYSTIC POINT DR #702 AVENTURA FL 33180	14. NAME 15. STREET ADDRESS 16. CITY & STATE <input type="checkbox"/> Change <input type="checkbox"/> Add/Off
NAME: STREET ADDRESS: CITY & STATE:	14. NAME 15. STREET ADDRESS 16. CITY & STATE <input type="checkbox"/> Change <input type="checkbox"/> Add/Off
NAME: STREET ADDRESS: CITY & STATE:	14. NAME 15. STREET ADDRESS 16. CITY & STATE <input type="checkbox"/> Change <input type="checkbox"/> Add/Off
NAME: STREET ADDRESS: CITY & STATE:	14. NAME 15. STREET ADDRESS 16. CITY & STATE <input type="checkbox"/> Change <input type="checkbox"/> Add/Off
NAME: STREET ADDRESS: CITY & STATE:	14. NAME 15. STREET ADDRESS 16. CITY & STATE <input type="checkbox"/> Change <input type="checkbox"/> Add/Off

14. I, the hereby certify that the information supplied with this filing is substantially true and correct and qualify for the exemption stated in law from 1993/1994 Florida Statutes. I further certify that the information included 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 this corporation or the manager or director empowered to execute this report as required by Chapter 487, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report as a contribution with an address.

SIGNATURE: *Arthur Beres* Pres. X
SIGNATURE AND TITLE OF REGISTERED NAME OF REGISTERED OFFICER OR DIRECTOR
ARTHUR J. BERES

(305) 931-9008

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FLORIDA DEPARTMENT OF STATE
Sandra B. Mathias
Secretary of State
1995 F.S. 218.01(1)

APPROVED
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1995

DOCUMENT # **P94000068654 (0)**

CHARTWELL, INC.

APR 19 1995 2:33
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

1. Principal Place of Business 121 WEST FORSYTH ST. JACKSONVILLE FL 32202		2a. Mailing Address 121 WEST FORSYTH ST. JACKSONVILLE FL 32202		3. Date incorporated or organized 09/19/1994		3a. Date of Last Report	
2. Principal Place of Business 21	2a. Mailing Address 26		4. FEI Number 59-3273355		Applied For Not Applicable		
22. State App # 100	27. State App # 100		5. Continuation of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required		
23. City & State	28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees		
24. Zip	25. Country	29. Zip	30. Country	8. This corporation has liability for intangible tax under S. 190.037 Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent MILLER, ROBERT L 121 W. FORSYTH ST. JACKSONVILLE FL 32202				10. Name and Address of New Registered Agent			
				81. Name			
				82. Street Address (if 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. See Section 607.0507, Florida Statutes.

SIGNATURE: _____
(If you have 4 or more registered agents, list all registered agents.) (If you have 4 or more registered agents, list all registered agents.)

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (If)	
12.1 NAME D STEIN, ROBERT L 121 W. FORSYTH ST. JACKSONVILLE FL 32202	12.2 TITLE D	13.1 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.3 STREET ADDRESS 121 W. FORSYTH ST. JACKSONVILLE FL 32202	12.4 CITY & STATE JACKSONVILLE FL 32202	13.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.5 NAME D PURCELL, KENNETH 121 W. FORSYTH ST. JACKSONVILLE FL 32202	12.6 TITLE D	13.3 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.7 STREET ADDRESS 121 W. FORSYTH ST. JACKSONVILLE FL 32202	12.8 CITY & STATE JACKSONVILLE FL 32202	13.4 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.9 NAME	12.10 TITLE	13.5 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.11 STREET ADDRESS	12.12 CITY & STATE	13.6 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.13 NAME	12.14 TITLE	13.7 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.15 STREET ADDRESS	12.16 CITY & STATE	13.8 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.17 NAME	12.18 TITLE	13.9 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.19 STREET ADDRESS	12.20 CITY & STATE	13.10 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing is true, complete, and correct, and that I am not equally, for the corporation, liable to Section 190.037, Florida Statutes. I further certify that the information is complete for this annual report or biennial report and annual or biennial report and accounts and that my signature shall be on the same legal effect as if made under oath. That I am an officer or director of a corporation, the name of which is presented to comply with the requirements of this statute, and that my name appears on the list of officers or directors of the corporation with an address.

SIGNATURE: *Kenneth E. Purcell*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Kenneth E. Purcell
 4/20/95 904-355 3519