SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)					
F	PROFIT		RTMENT OF STATE		
	PORATION JAL REPORT	Sandra	B. Mortham		
ĺ	1996	<b>37.7</b> /	ary of State CORPORATIONS		
		DIVISION OF	CONFORMIONS		
DOCUMENT # P95000058201 (1)					
LIFE P	LANNING SERVICES OF SO	UTH FLORIDA, INC.		T FERMEN HAR TRUE BUTCH BRICK BRICK BRICK	BOND BOIDT DINGS HOUR NACH BOSDI AIRI SOBI
Principal Place of Business Mailing Address					
1600 N. UNIVERSITY DRIVE PEMBROKE PINES FL 33024 PEMBROKE PINES FL 33024 PEMBROKE PINES FL 33024					
				3. Date Incorporated or Qualified 07/27/1995	3a. Date of Last Report
<del>-</del>	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt #	#, etc	Suite, Apt #, etc			Not Applicable \$8.75 Additional
City P. Stots		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zιp	Country	a. This corporation has liability for	intang ble tax under s. 199.032,
24	25   9. Name and Address of Current	29 Registered Agent	30	Florida Statutes  10. Name and Address of New Re	Yes No
BOYD, LAURENCE P 81 Name					
1600 N. UNIVERSITY DRIVE 82 Street Address (P.O. Box Number is Not Acceptable)					
PEMBROKE PINES FL 33024					
			84 City		<b>85</b> Zip Code
A Pura path	o the provisions of Contant CO7 0500	- 4 CO7 1500 FI 1 CO - 1	[ ] - ",		
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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE	manimar with, and accept the obligation	ons of, aection 607.0505, Fig.	orida Statutes.		
	Signature, typed or printed name of registered agent.  OFFICERS AND		It Registered Agent signature requi		DAIE
TITLE	PO	DELETE	13.	ADDITIONS/CHANGES TO OFFIC	Change Addition
NAME	BOYD, LAURENCE P		1.2 NAME		
STREET ADDRESS CITY - ST - ZIP	1600 N. UNIVERSITY DRIVE PEMBROKE PINES FL 33024		13 STREET ADDRESS		CERS AND DIRECTORS IN 12 (8) Change Addition (8)
TITLE	VPD	DELETE	1.4 CITY - ST - ZIP 2.1 TITLE		Change Addition
NAME	BOYD, PATRICK M		2.2 NAME		
STREET ADDRESS CITY+ST-ZIP	1600 N. UNIVERSITY DRIVE PEMBROKE PINES FL 33024		2.3 STREET ADDRESS		į
TITLE	STD STD	DELETE	2 4 CITY - ST - ZIP 3 1 TITLE		Change Addition
NAME	BOYD, LINDA M		3.2 NAME		
STREET ADDRESS CITY-ST-ZIP	1600 N. UNIVERSITY DRIVE PEMBROKE PINES FL 33024		3 3 STREET ADDRESS 3 4 CITY - ST - ZIP		
TITLE	D	DELETE	4.1 TIFLE	u	Change Addition
NAME STREET LIBRAGES	BOYD, ADONIS L		4. 2 NAME		
STREET ADDRESS CITY-ST-ZIP	1600 N. UNIVERSITY DRIVE PEMBROKE PINES FL 33024		4 3 STREET ADDRESS 4 4 CITY - ST - ZIP		
TITLE	D	DELETE	5 1 TITLE		Change Addition
NAME CARSEL ADDRESSES	BOYD, KATHERINE		5 2 NAME		
STREET ADDRESS CITY - ST - ZIP	1600 N. UNIVERSITY DRIVE PEMBROKE PINES FL 33024		5 3 STREET ADDRESS 5 4 CITY+ST+ZIP		
TITLE	D	DELETE	61 TITLE		Change Addition
NAME CIRCEL ADORGO	BOYD, CAREN		62 NAME		
STREET ADDRESS CITY-ST-ZIP	1600 N. UNIVERSITY DRIVE PEMBROKE PINES FL 33024		6.3 STREET ADDRESS		
14. I do hereby	y certify that the information supplied v	vith this filing is voluntarily fu	rnished and does not oual	fy for the exemption stated in Section 1	19 07(3)(x), Florida Statutes 1
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 eath, that ham an officer or director of the corporation or the receiver or trustee empowered to effect this report as required by Chapter 617, Florida Statuters, and that my name appears in Block 12 or Block 13 if chapter 617 an attachment with an address					
	( Visals )	(X) nim		( ) LAO 20	1991 00011
SIGNATURE: SIGNATURE SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNING ORDER OR DIRECTOR JUL 20, 1996 983-6400					
	ノ	つ アレノ <i>ンのログ</i> リー		1.7	