

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

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Feb 11 1997 8:00am  
Secretary of State

PROFIT CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P95000058201 (1)

1. Corporation Name  
LIFE PLANNING SERVICES OF SOUTH FLORIDA, INC.



Principal Place of Business  
1800 N. UNIVERSITY DRIVE  
PEMBROKE PINES FL 33024

Mailing Address  
1800 N. UNIVERSITY DRIVE  
PEMBROKE PINES FL 33024-5037

3. Date Incorporated or Qualified 07/27/1995	3a. Date of Last Report 07/25/1996
4. FEI Number APPLIED FOR 65-0601951	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" 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. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

BOYD, LAURENCE P  
1600 N. UNIVERSITY DRIVE  
PEMBROKE PINES FL 33024

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> DELETE
NAME	BOYD, LAURENCE P
STREET ADDRESS	1600 N. UNIVERSITY DRIVE
CITY-ST-ZIP	PEMBROKE PINES FL 33024
TITLE	VPD <input type="checkbox"/> DELETE
NAME	BOYD, PATRICK M
STREET ADDRESS	1600 N. UNIVERSITY DRIVE
CITY-ST-ZIP	PEMBROKE PINES FL 33024
TITLE	STD <input type="checkbox"/> DELETE
NAME	BOYD, LINDA M
STREET ADDRESS	1600 N. UNIVERSITY DRIVE
CITY-ST-ZIP	PEMBROKE PINES FL 33024
TITLE	D <input type="checkbox"/> DELETE
NAME	BOYD, ADONIS L
STREET ADDRESS	1600 N. UNIVERSITY DRIVE
CITY-ST-ZIP	PEMBROKE PINES FL 33024
TITLE	D <input type="checkbox"/> DELETE
NAME	BOYD, KATHERINE
STREET ADDRESS	1600 N. UNIVERSITY DRIVE
CITY-ST-ZIP	PEMBROKE PINES FL 33024
TITLE	D <input type="checkbox"/> DELETE
NAME	BOYD, CAREN
STREET ADDRESS	1600 N. UNIVERSITY DRIVE
CITY-ST-ZIP	PEMBROKE PINES FL 33024

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: *Laurence P. Boyd* LAURENCE P. BOYD 2-4-97 954 983-6400  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)