
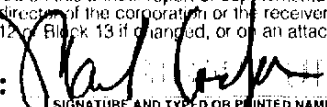


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FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 22 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 # J20218 (0) 1. Corporation Name MARK LODINGER FINANCIAL PLANNING CORPORATION, INC. G.			
Principal Place of Business 6789 SAN JOSE BLVD. SUITE 201 JACKSONVILLE FL 32217 US		Mailing Address % MICHAEL N. SCHNEIDER 4215 SOUTHPONT BLVD. #100 JACKSONVILLE FL 32216-0099	
2. Principal Place of Business 21 8826 Goodby's Executive Dr. Suite Apt. # etc. 22 Suite B City & State 23 Jacksonville, FL Zip 24 32217 25 US		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30	
3. Date Incorporated or Qualified 06/19/1986		3a. Date of Last Report 04/18/1996	
4. FEI Number 59-2686854		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. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent SCHNEIDER, MICHAEL N. 4215 SOUTHPONT BLVD. SUITE 100 JACKSONVILLE FL 32216		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)			
12. OFFICERS AND DIRECTORS 1.1 TITLE PSD 1.2 NAME LODINGER, MARK 1.3 STREET ADDRESS 8826 SAN JOSE BLVD #1 1.4 CITY-ST-ZIP JACKSONVILLE FL 1.5 TITLE T 1.6 NAME LODINGER, MARK 1.7 STREET ADDRESS 8826 SAN JOSE BLVD. #1- 1.8 CITY-ST-ZIP JACKSONVILLE FL 1.9 TITLE 1.10 NAME 1.11 STREET ADDRESS 1.12 CITY-ST-ZIP 1.13 TITLE 1.14 NAME 1.15 STREET ADDRESS 1.16 CITY-ST-ZIP 1.17 TITLE 1.18 NAME 1.19 STREET ADDRESS 1.20 CITY-ST-ZIP			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 8826 Goodby's Executive Dr., Suite B 1.4 CITY-ST-ZIP Jacksonville, FL 32217 1.5 TITLE 1.6 NAME 1.7 STREET ADDRESS 8826 Goodby's Executive Dr., Suite B 1.8 CITY-ST-ZIP Jacksonville, FL 32217 1.9 TITLE 1.10 NAME 1.11 STREET ADDRESS 1.12 CITY-ST-ZIP 1.13 TITLE 1.14 NAME 1.15 STREET ADDRESS 1.16 CITY-ST-ZIP 1.17 TITLE 1.18 NAME 1.19 STREET ADDRESS 1.20 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:  Mark Lodinger 5/31/97 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

CR2E034 (9/96)