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FILED
Feb 10 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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
1600 N. UNIVERSITY DRIVE
PEMBROKE PINES FL 33024

Mailing Address
1600 N. UNIVERSITY DRIVE
PEMBROKE PINES FL 33024

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/27/1995

4. FEI Number
65-0601951
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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 Zip Country

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

Signature typed or printed name of registered agent and filed applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PD
BOYD, LAURENCE P
1600 N. UNIVERSITY DRIVE
PEMBROKE PINES FL 33024

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VPD
BOYD, PATRICK M
1600 N. UNIVERSITY DRIVE
PEMBROKE PINES FL 33024

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
STD
BOYD, LINDA M
1600 N. UNIVERSITY DRIVE
PEMBROKE PINES FL 33024

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
BOYD, ADONIS L
1600 N. UNIVERSITY DRIVE
PEMBROKE PINES FL 33024

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
BOYD, KATHERINE
1600 N. UNIVERSITY DRIVE
PEMBROKE PINES FL 33024

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
BOYD, CAREN
1600 N. UNIVERSITY DRIVE
PEMBROKE PINES FL 33024

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
Change Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
Change Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
Change Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
Change Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
Change Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP
Change Addition

14. I 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

1-30-98 954-435-5071

CR2E034 (10/97)