

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 09, 1999 8:00 am
Secretary of State

07-09-1999 90007 007 ***550.00

DOCUMENT # **375446**

Corporation Name

CORPORATE PLANNING, INC.

Principal Place of Business

PO BOX 5598
Lighthouse Point FL 33074

Mailing Address

PO BOX 5598
Lighthouse Point FL 33074
US

Principal

Kamis
405, The Pointe
80 N.E. 14th Street
Pompano Beach, FL 33062

The Kamis
Apt. 405, The Pointe
2880 N.E. 14th Street
Pompano Beach, FL 33062

Country
25

Country
25

Country
30

9. Name and Address of Current Registered Agent

KAMI, MICHAEL J.
1517 SW 12 COURT
DEERFIELD BEACH FL 33441

3. Date Incorporated or Qualified

01/11/1971

4. FEI Number

59-1227936

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 the current year
Intangible Personal Property.

☐ Yes

☐ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (Post Office Box Number is Not Acceptable)

Apt. 405, The Pointe
2880 N.E. 14th Street

84 City

Pompano Beach, FL 33062

FL

85 Zip Code

1. 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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2. OFFICERS AND DIRECTORS

1.1 TITLE ☐ DELETE

KAMI, MICHAEL J
1517 SE 12 COURT
DEERFIELD BEACH FL 33441

1.2 NAME ☐ DELETE

PERFECT, GAIL J
1040 SW 50TH AVE
MARGATE FL 33068

1.3 STREET ADDRESS ☐ DELETE

KAMI, JAMES A.
1123 DREXEL DR
DAVIS CA 95616

1.4 CITY-ST-ZIP ☐ DELETE

DAMI, KATHRYN
1517 SE 12 COURT
DEERFIELD BEACH FL 33441

1.5 CITY-ST-ZIP ☐ DELETE

1.6 CITY-ST-ZIP ☐ DELETE

1.7 CITY-ST-ZIP ☐ DELETE

1.8 CITY-ST-ZIP ☐ DELETE

1.9 CITY-ST-ZIP ☐ DELETE

1.10 CITY-ST-ZIP ☐ DELETE

1.11 CITY-ST-ZIP ☐ DELETE

1.12 CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)

584844-90007-7
375446

CORPORATE PLANNING, INC.

Consultancy in Strategic Management

2880 NE 14th Street Apt. 405

Pompano Beach, FL 33062

Phone: 954-942-3226 Fax: 954-785-6391

E-mail: kami@gate.net

July 1, 1999

Division of Corporations
Tallahassee FL.

The fee of \$550 is paid under protest and we request that \$450 be refunded. You were advised twice that the address of the corporation has been changed and you kept mailing forms to the wrong place.

The new address is as indicated on the letterhead. It is not 1517 SW 12 Court in Deerfield, nor POBox 5598 in Lighthouse Point.

We also advised you twice that there is a misspelling of the name of a director. It's not DAMI but KAMI.

Your immediate attention, refund and correction are requested. If you are not willing to do so, please indicate the legal steps to seek redress.

Mike Kami