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

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 517059

1. Corporation Name

INTERNATIONAL PENSION PLANNING, INC.

## Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90098 017 \*\*\*150.00



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Principal Place	e of Business	Mailing Address				· Ideal Brief (1891 Ball and 1991		
2699 STIRLING RD #C-403B 2699 STIRLING RD #C-403B								
FT LAUDERDALE FL 33312 FT LAUDERDALE FL 33312						DO NOT WRITE IN THIS	SDACE	
						3. Date Incorporated or Qualifed	3FACE	
						10/22/1976		
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number	<del>}   ```</del>	lied For
21		26				59-1712269		Applicable
- Suite, Apt	#, etc	Suite, Apt. #, etc.		OE.		5. Certifcate of Status Desired	<b>\$8.75</b> A Fee Re	
22		27						
City & State	e	City & State				6. Election Campaign Financing	\$5.00 to Added to	*
23	Country	Zip	Cou	intn/		Trust Fund Contribution		,, ccs
Zip	29	Country  30			This corporation owes the current year Intangible     Personal Property Tax.			
24	9. Name and Address of Current		[30]	_		10. Name and Address of New Registered		
	S. Hairie and Address of Correll	Logistered Agent		81	Name			
BFIL	ECH, HENRY			Щ				
	STIRLING ROAD			82	Street Addr	ress (P.O. Box Number is Not Acceptable)		
	403B			83				
	LAUDERDALE FL 33312							
				84	City	FL	85 Zip C	ode
44 Durayant	to the equipment of Sections 607.050	2 and 607 1508 Florida Statut	es the a	hove	e-named corp	oration submits this statement for the purpose of	changing its	registered
office or c	egistered agent or both in the State (	nt Florida. Such change was a	utnorized	O DV	the corporation	on's board of directors. I hereby accept the appoint	ntment as reg	istered
agent. I a	m familiar with, and accept the obligat	ions of, Section 607.0505, Flo	rida Stat	tutes	•			
SIGNATURE	Signature, typed or printed name of registered agen	and title if applicable (NOTE	- Cametarad	d Anan	t signature require	d when reinstating) DATE		
12,	Signature, typed or printed name of registered agen OFFICERS AN		13.		t aignature require	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTO	RS IN 12
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	FT. LAUDERDALE FL							
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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 chapged, or on an attachment with an address, with all other like empowered.