


1/29/98 0-0917 C-
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Jan 29 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 # 522491 (0) 1. Corporation Name THE FINANCIAL PLANNING CENTER, INC. | | | |
| Principal Place of Business 3177 N UNIVERSITY DRIVE SUNRISE FL 33351 US | | Mailing Address P.O. BOX 5031 FT. LAUDERDALE FL 33310-5031 US | |
| 2. Principal Place of Business | | 2a. Mailing Address | |
| 21 | Suite, Apt. #, etc. | 26 | Suite, Apt. #, etc. |
| 22 | City & State | 27 | City & State |
| 23 | Zip | 28 | Zip |
| 24 | Country | 29 | Country |
| 9. Name and Address of Current Registered Agent SANDS, MERRILL 8525 N.W. 26TH DRIVE CORAL SPRINGS FL 33065 | | 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | |
| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE | PT | 1.1 TITLE | |
| NAME | SANDS, MERRILL | 1.2 NAME | |
| STREET ADDRESS | 8525 N.W. 26TH DRIVE | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | CORAL SPRINGS FL | 1.4 CITY-ST-ZIP | |
| TITLE | V | 2.1 TITLE | |
| NAME | SANDS, MICHAEL D. | 2.2 NAME | |
| STREET ADDRESS | 2120 N 55 AVENUE | 2.3 STREET ADDRESS | 16174 NW 14 Street |
| CITY-ST-ZIP | HOLLYWOOD FL | 2.4 CITY-ST-ZIP | Pembroke Pines Fl 33028 |
| TITLE | S | 3.1 TITLE | |
| NAME | SANDS, DOROTHY | 3.2 NAME | |
| STREET ADDRESS | 16174 NW 14 STREET | 3.3 STREET ADDRESS | 8525 NW 26 Drive |
| CITY-ST-ZIP | PEMBROOKE PINES FL | 3.4 CITY-ST-ZIP | Coral Springs Fl 33065 |
| TITLE | | 4.1 TITLE | |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/17/1976

4. FEI Number
59-1712934

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

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: Merrill Sands PRES (954) 769-1551

CR2E034 (10/97)