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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 539578

(5)

FINANCIAL PLANNING SERVICES, INC.

Principal Place of Business

Malling Address

FILED Jan 14 1997 8:00am Secretary of State



7951 S.W. 6TH STREET, SUITE 308 PLANTATION FL 33324		7951 S.W. 6TH STREET. SUITE 308 PLANTATION FL 33324-3211							
					3. Date Incorporated 6 07/19/1977	x Qualified	3a. Date of 04/17/		port
2. Principal Place of Business 21 2200 CORPULATE BLVD, N.W. 28 2200 CORPULATE P				ו גוו או מיניי	4. FEI Number				plied For
				1. N. N.	59-1754322	······		<u> </u>	Applicable
Suite, Apt. #, etc. 22 SuiTE 2/0 27 SuiTE 2/0					5. Certificate of Status	Desired	\$	B.75 A Fee Re	dditional quired
	MATION, FLARIDA	City & State PL ANTATION	, Fig	RIDA	6. Election Campaign Trust Fund Contribu	4		5.00 Added to	
¬ ^{Zip} ろう	431 Country	~ Zip~3>431 ~	Country	4	8. This corporation ha				199.032,
24)3	9. Name and Address of Current	1 Registered Agent	0 -1-6	, ,	Florida Statutes 10. Name and Addres		Yes No		
SCH	WARTZ, NEIL	, registeres rigorii	81	Name <	CHWARTZ, 1		D.		
7064 CW ATH CTDEET CHITE 200									
	NTATION FL 33324		82	Street Add	ress (P.O. Box Number is 1 CORPURATE	lot Acceptab	le) . h.l. 5417	2 ي	10
	THE GOOD		83	2000	-0/-7 -0/01.7 7.		(70) 0-11,		
								· · · · ·	
			84	City MA	AND BUCA RAT	W	FI. 85	Zp 5	igde ✓ ~ /
11. Pursuant t	to the provisions of Sections 607.0502	2 and 607 1508, Florida Statutes	the above	-named cor	poration submits this stater	nent for the p	urpose of cha	nging its	registered
office or re	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was aut	thorized by	the corpora	tion's board of directors. I	nereby accep	it the appointr	nent as	registered
	NEILD SCHWARTZ PI			1			1/2/92		
SIGNATURE /	Signature, typed or printed name of registered agen	of and title if applicable (NOTE: F	Registered iger	rt signature requi	ired when reinstating)		DATE		
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANG	S TO OFFIC			3 IN 12
TITLE	POS	☐ DELETE	1 1 TITLE					Change	Addition
NAME	SCHWARTZ, NEIL D.		12 NAME						
STREET ADDRESS	7951 SW 6TH ST. STE 908		1 3 STREET		200 CORPORATE OCA KATW,	BLID	ノルル井	2/0	
CITY - ST - ZIP	PLANTATION FL		1.4 CITY-ST	· ZIP B	OCA PLATIN,	FURIL	<i>iA</i> 33	<u> 73/</u>	
TIFLE		☐ DELETE	21 TITLE					Change	Addition
NAME			2.2 NAME						
STREET ADDRESS			2.3 STREET	ADDRESS					
CITY - ST - ZIP			2. 4 CITY - S	T- ZIP					
THILE		☐ DELETE,	3.1 TITLE	1				Change	Addition
NAME			3.2 NAME						
STREET ADDRESS			3.3 STREET	AODRESS					
CITY-ST-ZIP		- Document	3.4. CITY - S	T-ZIP				<u> </u>	Take:
TITLE		☐ DELETE	4.1 TITLE	İ				Change	Addition
NAME			4. 2 NAME						
STREET ADDRESS			4.3 STREET						
CITY-ST-ZIP		DELETE	4.4 CITY - ST	I - ZIP				Change	Addition
TITLE			5 2 NAME					онан у с	AUGINON
NAME STREET ADDRESS			5 2 NAME 5 3 STREET	ADDRESS					
			54 CITY-S						
CITY-ST-ZIP TITLE		DELETE	61 TITLE	- 611				Change	Addition
NAME		<u></u>	62 NAME				_		
STREET ADDRESS			63 STREET	ADDRESS					
CITY-ST-ZIP			6.4 CtTY-ST						
14. I do hereb	by certify that the information supplied		for the exer	mption state					
i am an oi	in indicated on this annual report or s fficer or director of the corporation or	the receiver or trustee empower	red to exec	rate and tha ute this repo	at my signature shall have t ort as required by Chapter (he same lega 307, Florida S	l effect as if matatutes; and the	nade und nat my n	ler oath; tha ame
appears i	in Block 12 or Block 13 if changed, or	on an attachment with an addre	ess.	1/	1 11 1			•	
CICNIAT	URE: NEIL D JOHN	DOWN OUSO Yh	. X N		- Alm Ink	97 (51)	917-911		
JIGIYAT		PRINTED NAME OF SIGNING OFFICER OF	R DIRECTOR	y un	Date	, , , , , ,	Daytime	Phone #	***************************************