

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

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90282 024 ***150.00

DOCUMENT # 625221

1. Corporation Name
HABITATION PLANNING, INC.

Principal Place of Business

1200 NW 78TH AVENUE
SUITE 403
MIAMI FL. 33126
US

Mailing Address

1200 NW 78TH AVENUE
SUITE 403
MIAMI FL. 33126
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/23/1979

4. FEI Number

59-1909688

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Elector Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year intangible
Personal Property Tax.

☐ Yes

☐ No

2. Principal Place of Business

21 8240 NW 52nd Terr

2a. Mailing Address

26 8240 NW 52nd Terr

Suite, Apt. #, etc.

22 Suite 518

Suite, Apt. #, etc.

27 Suite 518

City & State

23 Miami, Florida

City & State

28 Miami Florida

Zip

24 33166

Country

25 USA

Zip

29 33166

Country

30 US 4

9. Name and Address of Current Registered Agent

NORKIN, MURRAY
1200 NW 78TH AVENUE
SUITE 403
MIAMI FL 33126

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

8240 NW 52nd Terr

83 Suite 518

84 City Miami

FL

85 Zip Code 33166

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 title if applicable.

(NOT E: Registered Agent signature required when reinstating)

DATE

4/22/99

12. OFFICERS AND DIRECTORS

TITLE PST ☐ DELETE

NAME NORKIN, MURRAY

STREET ADDRESS 1200 NW 78TH AVE., STE 403

CITY-ST-ZIP MIAMI FL

TITLE D ☐ DELETE

NAME NORKIN, MURRAY

STREET ADDRESS 1200 NW 78TH AVE., STE 403

CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

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CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

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

8240 NW 52nd Terr, Ste 518

Miami, Florida

33166

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

8240 NW 52nd Terr, Ste 518

Miami, Florida

33166

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, with all other like empowered

SIGNATURE:

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Murray Norkin, Prosdat 4/22/99 305-592-9412

CR2E034 (11/98)