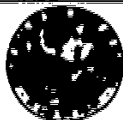


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00¹²

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morfitt
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAY -1 PM 12:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 838200

1. Corporation Name

FINANCIAL DATA PLANNING CORP.

Principal Place of Business

**2140 S. DIXIE HWY
MIAMI, FL 33133**

Mailing Address

**2140 S. DIXIE HWY
MIAMI, FL 33133**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/11/1977

3a. Date of Last Report

03/29/1994

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEI Number

59-1284646

Applied For

Not Applicable

Suite, Apt. #, etc

Suite, Apt. #, etc

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

Zip

Country

Zip

Country

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ yes ☒ no

24

25

29

30

9. Name and Address of Current Registered Agent

**MICHAEL C. GOLDBERG
8555 PONCE DE LEON RD.
MIAMI, FL 33143**

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

Signature typed in printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when rechartering)

DATE

12.

OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

**CBD
MICHAEL C. GOLDBERG
8555 PONCE DE LEON RD
MIAMI, FL 33143**

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

**VP
KATHLEEN MURO
407 S.E. 7th ST.
DANIA, FL 33004**

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

**STD
CINDY L. GOLDBERG
8555 PONCE DE LEON RD
MIAMI, FL 33143**

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

**VP
CHRISTINE STROUD
7420 SW 162 ST.
MIAMI, FL**

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

**EVD
DOUGLAS KENNEDY
12940 CORONADO TER.
N. MIAMI, FL 33181**

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

**VP
RICHARD FLEISCHMAN
75 BREAKNECK HILL RD
SOUTH BORO, MA 01772**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY, ST, ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY, ST, ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY, ST, ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY, ST, ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY, ST, ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY, ST, ZIP

**600001475136
-05/04/95--01018--013**

*****200.00 ***200.00**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/95
Date

Signature Name &

**5-03-95
G/C**

Document # 838200
Financial Data Planning Corp.
59-1284646

12. (additional)

TITLE	D
NAME	CESAR L. ALVAREZ
STREET ADDRESS	1221 BRICKELL AVE, 22nd FLOOR
CITY-ST ZIP	MIAMI, FL 33131

TITLE	D
NAME	ALBERT J. SCHIFF
STREET ADDRESS	263 TRESSOR BLVD., 10th FLOOR
CITY-ST ZIP	STAMFORD, CT 06901

TITLE	D
NAME	BRUCE I. NIERENBERG
STREET ADDRESS	774 GLEN GARRY DR.
CITY-ST ZIP	MELBOURNE, FL 32940

TITLE	VP
NAME	BEVERLY PRICE
STREET ADDRESS	5600 S.W. 95 ST.
CITY-ST ZIP	MIAMI, FL 33156

TITLE	VP
NAME	EDWARD PICK
STREET ADDRESS	2417 N. GREENWAY DR.
CITY-ST ZIP	CORAL GABLES, FL 33134