


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED  
Aug 06 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
<b>DOCUMENT # 838200 (4)</b> 1. Corporation Name <b>FINANCIAL DATA PLANNING CORP.</b>		

Principal Place of Business <b>2140 SO. DIXIE HWY. MIAMI FL 33133</b>	Mailing Address <b>2140 SO. DIXIE HWY. MIAMI FL 33133</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>04/11/1977</b>	3a. Date of Last Report <b>05/01/1996</b>
21		26		4. FEI Number <b>59-1284646</b>	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
City & State		City & State		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28			
Zip	Country	Zip	Country		
24	25	29	30		

9. Name and Address of Current Registered Agent <b>GOLDBERG, MICHAEL 8555 PONCE DE LEON ROAD MIAMI FL</b>				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 or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>CBD</b>	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>GOLDBERG, MICHAEL C.</b>	1.2 NAME	<b>PICK, EDWARD</b>
STREET ADDRESS	<b>8555 PONCE DE LEON ROAD</b>	1.3 STREET ADDRESS	<b>2417 N. GREENWAY DR</b>
CITY-ST-ZIP	<b>MIAMI, FL 00000</b>	1.4 CITY-ST-ZIP	<b>CORAL GABLES, FL 33134</b>
TITLE	<b>V</b>	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MURO, KATHLEEN</b>	2.2 NAME	<b>PRICE, BEVERLY</b>
STREET ADDRESS	<b>407 S.E. 7 STREET</b>	2.3 STREET ADDRESS	<b>5600 SW 95 ST.</b>
CITY-ST-ZIP	<b>DANIA FL</b>	2.4 CITY-ST-ZIP	<b>MIAMI, FL 33156</b>
TITLE	<b>STD</b>	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>GOLDBERG, CINDY</b>	3.2 NAME	<b>ALVAREZ, CESAR</b>
STREET ADDRESS	<b>8555 PONCE DE LEON ROAD</b>	3.3 STREET ADDRESS	<b>1221 BRICKELL AVE., 22ND FLOOR</b>
CITY-ST-ZIP	<b>MIAMI FL</b>	3.4 CITY-ST-ZIP	<b>MIAMI, FL 33131</b>
TITLE	<b>V</b>	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>STROUD, CHRISTINE</b>	4.2 NAME	<b>NIERENBERG, BRUCE</b>
STREET ADDRESS	<b>7420 SW 162ND ST</b>	4.3 STREET ADDRESS	<b>774 GLENGARRY DR.</b>
CITY-ST-ZIP	<b>MIAMI FL</b>	4.4 CITY-ST-ZIP	<b>MELBOURNE, FL 32940</b>
TITLE	<b>EVD</b>	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>KENNEDY, DOUGLAS</b>	5.2 NAME	<b>SCHIFF, ALBERT J.</b>
STREET ADDRESS	<b>12040 CORONADO TERR.</b>	5.3 STREET ADDRESS	<b>263 TRESSER BLD., 10TH FLOOR</b>
CITY-ST-ZIP	<b>N. MIAMI FL</b>	5.4 CITY-ST-ZIP	<b>STAMFORD, CT 06901</b>
TITLE	<b>V</b>	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FLEISHMAN, RICHARD</b>	6.2 NAME	
STREET ADDRESS	<b>75 BREAKNECK HILL RD.</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SOUTHBORO MA 01772</b>	6.4 CITY-ST-ZIP	

14. I do 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

*[Signature]*

*2/2/97 3:58 PM 838200*

CR2E034 (4/97)