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Secretary of State

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**PROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 838200

1. Corporation Name
FINANCIAL DATA PLANNING CORP.

Principal Place of Business

2140 SO. DIXIE HWY.
MIAMI FL 33133

Mailing Address

2140 SO. DIXIE HWY.
MIAMI FL 33133

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/11/1977

4. FEI Number

59-1284646

Applied For

Not Applicable

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 the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

**GOLDBERG, MICHAEL
8555 PONCE DE LEON ROAD
MIAMI FL**

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**CBD
GOLDBERG, MICHAEL C.
8555 PONCE DE LEON ROAD
MIAMI, FL 00000**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**V
MURO, KATHLEEN
407 S.E. 7 STREET
DANIA FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**STD
GOLDBERG, CINDY
8555 PONCE DE LEON ROAD
MIAMI FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**V
STROUD, CHRISTINE
7420 SW 162ND ST
MIAMI FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**D
ALVAREZ, CESAR
1221 BRICKELL AVE 22ND FLOOR
MIAMI FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**V
FLEISHMAN, RICHARD
75 BREAKNECK HILL RD.
SOUTHBORO MA 01772**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

**D
SCHIFF, ALBERT
263 TRESSER BLVD, 10TH FLOOR
STAMFORD, CT**

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

**V
PRICE, BEVERLY
5600 SW 95 ST.
MIAMI, FL**

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

**V
PRICE, SCOTT
5600 SW 95 ST
MIAMI, FL**

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

**V
NIERENBERG, BRUCE
774 GLENGARRY DR.
MELBOURNE, FL**

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

**V
PICK, EDWARD
2417 N. GREENWAY DR
CORAL GABLES, FL**

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

**V
SILVERMAN, MARK
3110 LAKEWOOD CIR
FT LAUDERDALE, FL**

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 in an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARK SILVERMAN

2/3/99

305-858-8200

Date Daytime Phone #

CR2E034 (11/98)