

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Mar 31 1997 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # F49222 (5)
 1. Corporation Name
PERSONAL INVESTMENT PLANNING, INC.

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| Principal Place of Business 9100 VANCE STREET, APARTMENT 421 WESTMINSTER CO 80021 | Mailing Address 771 SUWANNEE COURT N.E. ST. PETERSBURG FL 33702-2758 |
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| 2. Principal Place of Business 21 771 SUWANNEE CT. N.E. Suite, Apt. #, etc. | | 2a. Mailing Address 26 771 SUWANNEE CT. N.E. Suite, Apt. #, etc. | | 3. Date Incorporated or Qualified 10/12/1981 | 3a. Date of Last Report 05/01/1996 |
| 22 ST. PETERSBURG, FLORIDA City & State | | 27 ST. PETERSBURG, FLORIDA City & State | | 4. FEI Number 59-2130464 | Applied For <input type="checkbox"/> Not Applicable |
| 23 33702-2758 Zip | 25 U.S.A. Country | 28 33702-2758 Zip | 30 U.S.A. Country | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 9. Name and Address of Current Registered Agent GIBSON, LEE L 771 SUWANNEE CT. N.E. ST PETERSBURG FL 33702 | | | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 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: <i>Lee L. Gibson</i> | | | | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

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| 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 | |
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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: *Lee L. Gibson* (NOTE: Registered Agent signature required when reinstating) DATE:

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|--|---------------------------------|---|--|
| TITLE P | <input type="checkbox"/> DELETE | 1.1 TITLE GIBSON, LEE L | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME GIBSON, LEE L | | 1.2 NAME | |
| STREET ADDRESS 771 SUWANNEE CT. N.E. | | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP ST PETERSBURG, FL 00000 | | 1.4 CITY-ST-ZIP | zip is 33702-2758 |
| TITLE VP | <input type="checkbox"/> DELETE | 2.1 TITLE GIBSON, DORIS LEA | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME GIBSON, DORIS LEA | | 2.2 NAME | |
| STREET ADDRESS 771 SUWANNEE CT. N.E. | | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP ST PETERSBURG, FL 00000 | | 2.4 CITY-ST-ZIP | zip is 33702-2758 |
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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: *Lee L. Gibson* 813-576-0240
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)