

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F94000005618 (3)

1. Corporation Name

PLANNED FINANCIAL CONCEPTS, INC.



Principal Place of Business

Mailing Address

46 WYNNEWOOD ROAD
LIVINGSTON NJ 07039

46 WYNNEWOOD ROAD
LIVINGSTON NJ 07039

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

10/28/1994

3a. Date of Last Report

03/02/1995

4. FEI Number

22-2523849

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 has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

10. Name and Address of New Registered Agent

LOSS, MICHAEL
2500 UNIVERSITY BLVD.
SUNRISE FL 33322

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 date (Applicable)

(NOTE: Registered Agent Signature is required when new filing)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
CEO
PANOS, JUDY
STREET ADDRESS
46 WYNNEWOOD ROAD
CITY-STATE-ZIP
LIVINGSTON NJ

TITLE ☐ DELETE

NAME
V
FRANKLIN, DEBRA
STREET ADDRESS
46 WYNNEWOOD ROAD
CITY-STATE-ZIP
LIVINGSTON NJ

TITLE ☐ DELETE

NAME
S
PANOS, HARRY
STREET ADDRESS
46 WYNNEWOOD ROAD
CITY-STATE-ZIP
LIVINGSTON NJ

TITLE ☐ DELETE

NAME
T
EDELMA, BRIAN
STREET ADDRESS
46 WYNNEWOOD ROAD
CITY-STATE-ZIP
LIVINGSTON NJ

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-STATE-ZIP

2. TITLE ☐ Change ☐ Addition

27 NAME

28 STREET ADDRESS

29 CITY-STATE-ZIP

3. TITLE ☐ Change ☐ Addition

31 NAME

32 STREET ADDRESS

33 CITY-STATE-ZIP

4. TITLE ☐ Change ☐ Addition

41 NAME

42 STREET ADDRESS

43 CITY-STATE-ZIP

5. TITLE ☐ Change ☐ Addition

51 NAME

52 STREET ADDRESS

53 CITY-STATE-ZIP

6. TITLE ☐ Change ☐ Addition

61 NAME

62 STREET ADDRESS

63 CITY-STATE-ZIP

64 CITY-STATE-ZIP

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 119.07(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Judith M. Panos 5/1/96

(202) 812-6933

CR2E034 (12/95)