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

PROFIT CORPORATION ANNUAL REPORT

1997

CITY - ST - ZIP

STREET ADDRESS

City-St-ZiP

TITLE

NAME



FLORIDA DEPARTMENT OF STATE

## Sandra B. Morthaliv.

**FILED** 

Jul 22 1997 8:00am

Secretary of State

Change

Addition

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # F9400005618 (3)

PLANNED FINANCIAL CONCEPTS, INC.

Principal Place of Business Mailing Address 46 WYNNEWOOD ROAD 46 WYNNEWOOD ROAD LIVINGSTON NJ 07039-2630 LIVINGSTON NJ 07039 Date Incorporated or Qualified 10/28/1994 3a. Date of Last Report 05/01/1996 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 22-2523849 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 Zip Country 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 10. Name and Address of New Registered Agent LOSS, MICHAEL 81 Name 2500 UNIVERSITY BLVD. 82 Street Address (P.O. Box Number is Not Acceptable) SUNRISE FL 33322 83 84 City 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 (NOTE Registerus Agent agrature required when reinstating) DATE Signature, typed or printed name of registered agent and tille if applicable. OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) CEO DELETE Change 1.1 TITLE Addition TITLE PANOS, JUDY NAME 1.2 NAME 46 WYNNEWOOD ROAD STREET ADDRESS 1.3 STREET ADDRESS LIVINGSTON NJ CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change ☐ Addition TITLE 2.1 THE FRANKLIN, DEBRA NAME 2.2 NAME **46 WYNNEWOOD ROAD** STREET ADDRESS 2.3 STREET ADDRESS LIVINGSTON NJ 2.4 CITY- \$1-ZIP CITY-ST-ZIP DELETE ☐ Change ■ Addition TITLE 3.1 TITLE PANOS, HARRY NAME 3.2 NAME 46 WYNNEWOOD ROAD STREET ADDRESS 3.3 STREET ADDRESS LIVINGSTON NJ CITY-ST-ZIP 3.4 CITY-S1-ZIP DELETE 4.1 TITLE Change Addition TITLE EDELMAN, BRIAN NAME 4, 2 NAME **46 WYNNEWOOD ROAD** STREET ADDRESS 4.3 STREET ADDRESS LIVINGSTON NJ CITY-ST-ZIP 4.4 CITY-ST-7IP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS

appears in Block 12 or Block 13 if changed, or on an attachment with an address.

5.4 CITY - \$1 - ZIP

6.3 STREET ADDRESS

6.4 CITY - \$1 - ZIP

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 eath; 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

6 1 TITLE 6 2 NAME

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

DELETE