

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **G74192** (7)

1. Corporation Name

KNIGHT FINANCIAL PLANNING SERVICES, INC.



Principal Place of Business

**7301 NW 4TH ST
SUITE #103
PLANTATION FL 33317**

Mailing Address

**7301 NW 4TH ST
SUITE #103
PLANTATION FL 33317**

3. Date Incorporated or Qualified

12/12/1983

3a. Date of Last Report

05/01/1995

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

29

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30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KNIGHT, EDWARD G.
7301 NW 4TH ST
SUITE #105
PLANTATION FL 33317**

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 (if not a director)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP
	DP			<input type="checkbox"/> DELETE											
	KNIGHT, EDWARD G	7301 N.W. 4TH ST. #105	PLANTATION, FL 00000												
	DST			<input type="checkbox"/> DELETE											
	KNIGHT, GAIL M	7301 N.W. 4TH ST. #105	PLANTATION, FL 00000												
				<input type="checkbox"/> DELETE											
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1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY-STATE-ZIP	5. TITLE	6. NAME	7. STREET ADDRESS	8. CITY-STATE-ZIP	9. TITLE	10. NAME	11. STREET ADDRESS	12. CITY-STATE-ZIP	13. TITLE	14. NAME	15. STREET ADDRESS	16. CITY-STATE-ZIP
				<input type="checkbox"/> Change <input type="checkbox"/> Addition											
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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 or on an attached sheet with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/96 (305) 584-9890
Date Daytime Phone

CR2E034 (12/95)