

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

FILED
Apr 05, 1999 8:00 am
Secretary of State

04-05-1999 90016 016 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # G78733

1. Corporation Name

FINANCIAL PLANNING AND MANAGEMENT SERVICES, INC.



Principal Place of Business

1230 DOUGLAS AVE
220
LONGWOOD FL 32779
US

Mailing Address

1230 DOUGLAS AVE
SUITE 220
LONGWOOD FL 32779
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/13/1984

4. FEI Number

59-2360952

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

21 805 DOUGLAS AVE

Suite, Apt. #, etc.

22 SUITE 161

City & State

23 ALTAMONTE SPRINGS

Zip

24 32714

Country

25 SEMINOLE

2a. Mailing Address

26 805 DOUGLAS AVE

Suite, Apt. #, etc.

27 SUITE 161

City & State

28 ALTAMONTE SPRINGS

Zip

29 32714

Country

30 SEMINOLE

9. Name and Address of Current Registered Agent

OTTO, BARBARA J.
1230 DOUGLAS AVENUE
SUITE 220
LONGWOOD FL 32779

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

805 DOUGLAS AVENUE

83

SUITE 161

84

CITY ALTAMONTE SPRINGS

FL

85

Zip Code 32714

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	PST	<input type="checkbox"/> DELETE
NAME	OTTO, BARBARA J.	
STREET ADDRESS	1009 SWEETWATER BLVD.	
CITY-ST-ZIP	LONGWOOD FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	OTTO, BARBARA J.	
STREET ADDRESS	1009 SWEETWATER BLVD.	
CITY-ST-ZIP	LONGWOOD FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	1141 SWEET HEATHER LANE
1.4 CITY-ST-ZIP	APOPKA, FL 32712
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	1141 SWEET HEATHER LANE
2.4 CITY-ST-ZIP	APOPKA, FL 32712
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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

SIGNATURE:

Barbara J. Otto

3-31-99 407/788-7333

CR2E034 (1/1/98)