

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northington
Secretary of State
CORPORATION, INCORPORATIONS

APPROVED
AND
FILED

DOCUMENT # **H45450**

(4)

95 MAY -1 PM 2:18

LIFETIME PLANNING, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

1. Principal Place of Business 540 NW 165TH ST. ROAD SUITE 303 N. MIAMI BEACH FL 33169 US		2a. Mailing Address 540 NW 165TH ST. ROAD SUITE 303 N. MIAMI BEACH FL 33169 US		3. Date Incorporated or Qualified 03/04/1985	3b. Date of Last Report 05/01/1994
2. Principal Officer or Director 21	2a. Mailing Address 26		4. FEI Number 59-2503622	Applied For Not Applicable	
22. State, Apt. #, etc.		27. State, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. City	25. County	29. City	30. County	6. This corporation has liability for a corporate tax under 5-139.022, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent WILINSKY, MAURICE I. 18181 NE 31ST CT 2301 N. MIAMI BCH. FL 33160				10. Name and Address of New Registered Agent	
				81. Name	
				82. Street Address (P.O. Box Number is Not Applicable)	
				83.	
				84. City	FL 85. Zip Code

11. Pursuant to the provisions of Sections 607.04(2) and 607.15(10), 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 607.04(2), Florida Statutes.

SIGNATURE: _____ (Signature of Registered Agent) _____ (Signature of Representative of Corp.)

12. OFFICERS AND DIRECTORS		13. ALTERNATE REGISTRARS TO REGISTERED OFFICE AND DIRECTORS	
NAME	PST WILINSKY, MAURICE I. 18181 NE 31ST CT #2301 N. MIAMI BEACH FL	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and that I am qualified for the responsibility stated in Section 119.02(1)(b), Florida Statutes. I further certify that the information included 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. 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 on Block 12 or Block 13 of this filing, or on an attachment with an address.

SIGNATURE: *Maurice I. Wilinsky* - Representative
5/1/95 305 845-7747