

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Suzanne B. Martens  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **H45450** (4)

1. Corporation Name  
**LIFETIME PLANNING, INC.**



Principal Place of Business

Mailing Address

540 NW 165TH ST. ROAD  
SUITE 303  
N. MIAMI BEACH FL 33169  
US

540 NW 165TH ST. ROAD  
SUITE 303  
N. MIAMI BEACH FL 33169  
US

2. Principal Place of Business

2a. Mailing Address

21 1558 NE 162ND ST

26 1558 NE 162ND ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 STE EAST

27 STE EAST

City & State

City & State

23 N. MIAMI BEACH, FL

28 N. MIAMI BEACH, FL

Zip

Country

Zip

Country

24 33162

25 USA

29 33162

30 USA

9. Name and Address of Current Registered Agent

3. Date Incorporation or Qualified  
**03/04/1985**

3a. Date of Last Report  
**05/01/1995**

4. FET Number  
**59-2503622**

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

WILINSKY, MAURICE I.  
18181 NE 31ST CT 2301  
N. MIAMI BCH. FL 33160

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 607.05(2) and 607.15(4), 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.07, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>PST</b>	<input type="checkbox"/> DELETE
NAME	<b>WILINSKY, MAURICE I.</b>	
STREET ADDRESS	<b>18181 NE 31ST CT #2301</b>	
CITY-ST-ZIP	<b>N. MIAMI BEACH FL</b>	
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		

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-ST-ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-ST-ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-ST-ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-ST-ZIP	
17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	
19. STREET ADDRESS	
20. CITY-ST-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 supplement to 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 holder of a number authorized to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13, unchanged, or on an attached list with an address.

SIGNATURE: *Maurice I. Wilinsky - Pres.* X 4/9/96 X 305 945 3797  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)