

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

FILED

Mar 24 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # H62642 (4)**  
 1. Corporation Name  
**FINANCIAL PLANNING & INSURANCE SERVICES, INC.**



Principal Place of Business <b>415 ANCHORAGE LN</b> <b>N. PALM BEACH FL 33408</b> <b>US</b>	Mailing Address <b>PO BOX 14932</b> <b>NPB FL 33408-0932</b> <b>US</b>
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3. Date Incorporated or Qualified <b>06/18/1985</b>	3a. Date of Last Report <b>06/11/1996</b>
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2. Principal Place of Business 21 <b>2200 S.E. Bowie Street</b> Suite, Apt. #, etc. 22 <b>Port St. Lucie FL</b> City & State 23 <b>34952 Port St. Lucie FL</b> Zip Country 24 <b>34952</b> 25 <b>St. Lucie</b>	2a. Mailing Address 26 <b>P.O. Box 1185</b> Suite, Apt. #, etc. 27 <b>Palm City</b> City & State 28 <b>Palm City FL</b> Zip Country 29 <b>34991-1185</b> 30 <b>MARTIN</b>
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4. FEI Number <b>59-2550493</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>NO \$5.00 May Be Added to Fees</b>
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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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9. Name and Address of Current Registered Agent <b>LEE, DAVID</b> <b>415 ANCHORAGE LN</b> <b>NPB FL 33408</b>
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10. Name and Address of New Registered Agent 81 Name <b>DAVID LEE</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>2200 S.E. Bowie Street</b> 83 84 City <b>Port St. Lucie</b> <b>FL</b> 85 Zip Code <b>34952</b>
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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: Registered Agent signature required when reinstating) DATE: ☒

12. OFFICERS AND DIRECTORS	
TITLE	DP <input type="checkbox"/> DELETE
NAME	<b>LEE, DAVID</b>
STREET ADDRESS	<b>415 ANCHORAGE LN 2200 S.E. Bowie ST.</b>
CITY-ST-ZIP	<b>NPB FL Port St. Lucie FL 34952</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	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<b>President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>DAVID LEE</b>
1.3 STREET ADDRESS	<b>2200 S.E. Bowie Street</b>
1.4 CITY-ST-ZIP	<b>Port St. Lucie FL 34952</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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 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 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.

SIGNATURE:  (561) 335-9279  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: Daytime Phone #

CR2E034 (9/96)