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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name J28516

(9)

RSR FINANCIAL PLANNERS, INC.

	FIL	ÆD	
Apr (119	98 8	:00am
Sec	retar	y of S	State



Principal Place of Business Mailing Address		- I (BBİSIB BILB INDƏLIDIĞI) BILDI INDİŞ BILL DIDIN DI	THE BLANK BLANK BLANK HEAV			
2500 E HALLANDALE BCH BLVD SUITE 800 HALLANDALE FL 33009		PO BOX 2225 HOLLYWOOD FL 33022 US	HOLLYWOOD FL 33022		DO NOT WRITE IN THIS SPACE	
US					3. Date Incorporated or Qualified 08/06/1986	
	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
21	W - 1-	26			59-2756823	Not Applicable
Suite, Apt.	509	Suite, Apt #, etc.		r automos (** - ** - ** - **	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	e 	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	7ip 29	·		This corporation owes or has paid the of Personal Property Tax due June 30.	Yes No
	9. Name and Address of C	urrent Registered Agent			10. Name and Address of New Registere	Agent
RA	WISZER, ROBERT S		8	Name		
1411 DIPLOMAT PKY		8	Street Addr	ess (P.O. Box Number is Not Acceptable)		
HO	LLYWOOD FL 33019					
			8:	5		
			84	City	F	85 Zip Code
11. Pursuant to	to the provisions of Sections 60 egistered agent, or both, in the	7.0502 and 607.1508, Florida Statuter State of Florida, Such change was au obligations of, Section 607.0505, Flor	the aborthorized bide Statute	 re-named corp by the corporations.	poration submits this statement for the purpose ion's board of directors. I hereby accept the a	
SIGNATURE	and the state of t	gg.				
SIGNATURE	Signature, typed or printed name of registe	red agent and the if applicable (NOTE:	Registered A	ent signature requir	red when reinstalting) DATE	
12.		S AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	
TITLE	PTD	DELETE	1.1 TITLE			☐ Change ☐ Addition
NAME	RAWISZER, ROBERT S.	AV	1.2 NAME			
STREET ADDRESS	1411 DIPLOMAT PARKW HOLLYWOOD FL	AT		T ADDRESS		
CITY-ST-ZIP TITLE	8	DELETE	1.4 CiTY- 2.1 TITLE	ST-ZIP		Change Addition
NAME	RAWISZER, CLAUDIA	Z out	2.2 NAME			
STREET ADDRESS	1411 DIPLOMAT PKWY	-		T ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL		2. 4 CITY		•	
TITLE		DELETE	3.1 TITLE			☐ Change ☐ Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREE	T ADDRESS		
CITY-ST-ZIP			3.4. CITY	·ST-ZIP		
TITLE		DELETE	4.1 TITLE			☐ Change ☐ Addition
NAME			4. 2 NAM			
STREET ADDRESS			4.3 STREE	T ADDRESS		
CITY-ST-ZIP			4.4 CITY-	ST - ZiP		
TITLE		DELETE	5.1 TITLE			☐ Change ☐ Addition
NAME			5.2 NAME			
STREET ADDRESS			1	T ADDRESS		
CITY-ST-ZIP		I I sorte	5.4 CITY-	ST - ZIP		Change Addition
TITLE		∐ DELE te	6.1 TITLE			Cuante Cayonion
NAME			6.2 NAME			
STREET ADDRESS				T ADORESS		
CITY-ST-ZIP	partifu that the information arms	ind with this filing does not evalify for	6.4 CITY-		Section 119.07/3)(i) Florida Statutes I further	certify that the information

I nereby 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 informatio 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 in an attachment with an address.