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

PROFIT Jan 23 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT #
1. Corporation Name J37988 (9) INVESTMENTS BY PLANNERS, INC. Principal Place of Business Mailing Address 2500 N. MILITARY TRAIL, SUITE 285 2500 N. MILITARY TRAIL, SUITE 285 **BOCA RATON FL 33431 BOCA RATON FL 33431** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/15/1986 2. Principal Place of Business 2a, Mailing Address 4. FEI Number Applied For 21 59-2726455 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yeş g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SAGINOR, GARY 2500 N. MILITARY TRAIL Street Address (P.O. Box Number is Not Acceptable) SUITE 285 83 **BOCA RATON FL 33431** Zip Code 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) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 1.1 TITLE ☐ Change ___ Addition SAGINOR, GARY NAME 1.2 NAME 2500 N. MILITARY TRAIL #285 STREET ADDRESS 1.3 STREET ADDRESS **BOCA RATON FL** CITY-ST-ZIP 1.4 CITY - ST- ZIP DELETE TITLE Change 2.1 TITLE ___ Addition SAGINOR, CLIFFORD NAME 2.2 NAME 2500 N. MILITARY TRAIL STREET ADDRESS 2.3 STREET ADDRESS **BOCA RATON FL** CITY-ST-ZIP 2.4 CITY - ST - ZIP DELETE TITLE 3.1 TITLE Change Addition SAGINOR, LEON 3.2 NAME 2500 N. MILITARY TRAIL #285 STREET ADORESS 3.3 STREET ADDRESS **BOCA RATON FL** CITY-ST-ZIP 3.4. CITY - ST- ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS **53 STREET ADDRESS** CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE TITLE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY - ST- ZIP 14. Thereby 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 of the received or trugice 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 for or an algorithment with an address.

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