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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

May 14 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J53873

(2)

FIRST FLORIDA PLANNING GROUP, INC.

Principal Place of Business Mailing Address					81811 81811 81811 81811 81811 8181 1881 1881
4020 PARK ST N SUITE 201-A ST PETERSBURG FL 33709 US		P.O. BOX 40926 ST. PETERSBURG FL 33743	0926	Date Incorporated or Qualified	3a. Date of Last Report
				01/23/1987	08/14/1996
_	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
Sulte, Apt.	# a4a	26		59-2826074	Not Applicable
22		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	e	City & State		6. Election Campaign Financing	\$5.00 May Be
Zip	Country	28	Country	Trust Fund Contribution 8. This corporation has liability for i	Added to Fees
24	25		30		Yes No
	9, Name and Address of Curren			10. Name and Address of New Re	
TEN	EYCK, ROBERT G		81 Name		
4020 PARK ST N SUITE 201-A			82 Street Addr	ress (P.O. Box Number is Not Acceptab	le)
ST PETERSBURG FL 33709					
			83		
			84 City		85 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 Lorda. 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 appricable. (NOTI. Registered Agent				ord when rejockshoot	DATE
12.	OFFICERS AND		Registered Agent signature require 18.	ADDITIONS/CHANGES TO OFFIC	
TITLE	PD	DELETE	1.1 TOLE		Change Addition
NAME	TENEYCK, ROBERT		1.2 NAME		
STREET ADDRESS	4020 PARK ST N SUITE 201A		1.3 STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG FL		1.4 CITY - ST - ZIP		
TITLE	STD	☐ DELETE	2.1 TITLE		Change Addition
NAME	TENEYCK, HOWARD		2.2 NAME		
STREET ADDRESS	4020 PARK ST N SUITE 201-A		2.3 STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG FL	T otter	2 4 CHY+ S1+ ZIP		
TITLE		☐ DELETE	3 1 10 LE		Change Addition
NAME STREET ADDRESS			3.2 NAME		
CITY-ST-ZIP			3.3 STREET ADDRESS		
TITLE		DELETE	3.4. CHY+S1+74P 4.1 TITLE		Change Addition
NAME			4. 2 NAME		_ change _ Notition
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CiTY - ST - 2iP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		·
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY+ST-ZIP		
TITLE		DELETE	6.1 117LE		Change Addition
NAME			6.2 NAME		
STREET ADORESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY- \$1 - 7IP		

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 12 in hanged, or on an attachment with an address