

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J55771 (6)

1. Corporation Name

CENTER FOR FINANCIAL PLANNING, INC.



Principal Place of Business

Mailing Address

**1270 N. EGLIN PARKWAY
A-17
SHALIMAR FL 32579
US**

**1270 N. EGLIN PARKWAY
A-17
SHALIMAR FL 32579
US**

3. Date Incorporated or Qualified
02/06/1987

3a. Date of Last Report
03/23/1995

2. Principal Place of Business

2a. Mailing Address

21 **348 SW MIRACLE STRIP HWY**

26 **348 SW MIRACLE STRIP HWY**

4. FEI Number
59-2762931

Applied For
Not Applicable

22 **SUITE #39**

27 **SUITE #39**

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 **FT. WALTON BEACH, FL**

28 **FT. WALTON BEACH, FL**

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24 **32548** 25 **U.S.A.**

29 **32548** 30 **USA**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CARUCCI, MICHAEL J. (PRESIDENT)
2004 B LEWIS TURNER BLVD.
FT. WALTON BCH FL 32547**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

348 SW MIRACLE STRIP HWY

83 **SUITE #39**

84 City

FT. WALTON BEACH,

FL

85 Zip Code

32548

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 person filing this statement

(If filer is Registered Agent of corporation, no signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **PD**
STREET ADDRESS **CARUCCI, MICHAEL J.**
CITY - ST - ZIP **269 OLDE POST ROAD**
NICEVILLE FL

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

1.2 NAME

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

1.3 STREET ADDRESS

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

1.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

2.2 NAME

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

2.3 STREET ADDRESS

SIGNATURE: **Michael J. Carucci**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ 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 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 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

CR2E034 (12/95)