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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90038 039 ***150.00

DOCUMENT # KO7880

1. Corporation Name							
ROBERT ENGLAND FINANCIAL PLANNERS, INC.							
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Principal Place of Business Mailing Address					A LOOP TO THE USE OF THE PARTY AND A SECTION OF	f Alûfi Alali Bibti Bibli	BIBIL HEEL
913 GULF BREEZE PKY 913 GULF BREEZE PKY							
SUITE 14 SUITE 14					DO NOT WRITE IN THIS SPACE		
GULF BREEZE FL 32561 GULF BREEZE FL 32561							
US		US			3. Date Incorporated or Qualifed		Ţ
2. Principal Place of Business 2a. Mailing Address					12/18/1987 4. FEI Number	Applie	ed For
							pplicable
26 Suite, Apt. #, etc. Suite, Apt. #, etc.					59-2865533	\$8.75 Add	
Suite, Apt. #, etc					5. Certificate of Status Desired	Fee Requi	
	City & State City & State				6. Election Campaign Financing	\$5.00 ма	av Be
23 28		⊢ '	•		Trust Fund Contribution Added to Fees		
Zip	Country	Zip	Country		8. This corporation owes the current year	Intangible	
24	25 29 30		30		Personal Property Tax.		No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent							
				Name			
ENGLAND, ROBERT			82	Street Addr	ess (P.O. Box Number is Not Acceptable)		
913 GULF BREEZE PKY						<u>.</u>	
SUITE 14			83		•		
GULF BREEZE FL 32561			84	City		. 85 Zip Coo	e
				1	<u></u>	L	
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes	s, the above	e-named corp	oration submits this statement for the purpose on's board of directors. I hereby accept the app	of changing its reg ointment as regis	jistered tered
agent. I a	m familiar with, and accept the obligat	tions of, Section 607.0505, Florid	da Statutes	,	site board of andother. I make by accept the app		1
SIGNATURE							\
Signature, typed or printed name of registered agent and title if applicable. (NOTE: R			Registered Ager	nt signature require	d when reinstating) ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS	S IN 12
12.	· · · · · · · · · · · · · · · · · · ·	DELETE	1.1 TITLE		ADDITIONS/GITANOES TO GIT ISENS		Addition
TITLE	D DOCUMENT DOCUMENT	C) perrie	1.2 NAME				_
NAME ENGLAND, ROBERT STREET ADDRESS 919 PANFERIO DRIVE				T ADDRESS			
1			1.4 CITY-S	i			
CITY-ST-ZIP			2.1 TITLE	r-zir		Change	Addition
NAME			2.2 NAME				
				T ADDRESS			
STREET ADDRESS			2.4 CITY-ST-ZIP			·	′
CITY-ST-ZIP			3.1 TITLE			☐ Change	Addition
NAME			3.2 NAME				Į
STREET ADDRESS				TADORESS]
CITY-ST-ZIP			3.4. CITY-5				
TITLE			4.1 TITLE			☐ Change	Addition
NAME	ļ 1		4.2 NAME				
STREET ADDRESS	-		4.3 STREE	TADDRESS			ļ
CITY-ST-ZIP			4.4 CITY-S	T-ZIP			
TITLE		☐ DELETE	5.1 TITLE			Change	☐ Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREE	TADDRESS			
CITY-ST-ZIP			5.4 CITY-S	T-ZIP			
TITLE	·	☐ DELETE	6.1 TITLE			☐ Change	☐ Addition
NAME			6.2 NAME				
STREET ADDRESS	ļ.		6.3 STREE	TADDRESS			ł

CITY-ST-ZIP 14. I 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, with althorher like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: