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Apr 23 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT #</b> 1. Corporation Name: <b>Capital Financial Planning Corp.</b>			
Principal Place of Business <b>11024 SW 59 Ct</b> <b>Miami, FL 33156</b>		Mailing Address <b>11024 SW 59 Ct</b> <b>Miami, FL 33156</b>	
2. Principal Place of Business <b>21 11024 SW 59 Ct</b> State, Apt. #, etc.		2a. Mailing Address <b>26 11024 SW 59 Ct</b> Suite, Apt. #, etc.	
22. City & State <b>23 Miami FL</b> Zip Country <b>24 33156 25 USA</b>		27. City & State <b>28 Miami FL</b> Zip Country <b>29 33156 30 USA</b>	
3. Date Incorporated or Qualified <b>1-1-90</b>		3a. Date of Last Report <b>1996</b>	
4. FEI Number <b>65-0166593</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>9. Name and Address of Current Registered Agent</b> <b>Heidi L. Campbell</b> <b>11024 SW 59 Ct</b> <b>Miami, FL 33156</b>		<b>10. Name and Address of New Registered Agent</b>	
81 Name <b>82 Street Address (P.O. Box Number is Not Acceptable)</b> <b>83</b> <b>84 City</b>		<b>85 Zip Code</b> <b>FL</b>	
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: <i>Heidi L. Campbell</i>		DATE: <b>4-21-97</b>	
(NOTE: Registered Agent signature required when reinstating)			
<b>12. OFFICERS AND DIRECTORS</b>		<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>	
1.1 TITLE: <b>President</b> <input type="checkbox"/> DELETE 1.2 NAME: <b>Heidi L. Campbell</b> 1.3 STREET ADDRESS: <b>11024 SW 59 Ct</b> 1.4 CITY-ST-ZIP: <b>Miami FL 33156</b>		1.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.3 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.4 CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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