

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

APPROVED  
AND  
FILED

1997 JUL 18 PM 12:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # L58613 (5)

1. Corporation Name  
RETIREMENT PLAN PROFESSIONALS, INC.

Principal Place of Business  
1570 MADRUGA AVE., #400  
CORAL GABLES FL 33146

Mailing Address  
1570 MADRUGA AVE., #400  
CORAL GABLES FL 33146

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/16/1990  
3a. Date of Last Report 04/15/1996

4. FEI Number 65-0180403  
Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

INGHAM, KENNETH G.  
1570 MADRUGA AVE.  
4TH FLOOR  
CORAL GABLES FL 33146

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 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 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) DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
PCD INGHAM, KENNETH G. 1570 MADRUGA AVE. 4TH FL CORAL GABLES FL ☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
S INGHAM, LINDA 1570 MADRUGA AVE. 4TH FL CORAL GABLES FL ☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
V ANDERTON, GEORGE E. 1570 MADRUGA AVE. 4TH FL CORAL GABLES FL ☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
VT EICHBERG, MARC 1570 MADRUGA AVE 4TH FL CORAL GABLES FL ☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition  
22 NAME 700002245647--2  
23 STREET ADDRESS -07/23/97--01118--004  
24 CITY-ST-ZIP \*\*\*\*\*165.00 \*\*\*\*\*165.00

31 TITLE ☐ Change ☐ Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

51 TITLE ☐ Change ☒ Addition  
52 NAME V John H. Kuhiken  
53 STREET ADDRESS 1570 Madruga Ave 4th FL  
54 CITY-ST-ZIP Coral Gables, FL 33134

61 TITLE ☐ Change ☐ Addition  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP SCC 7-18-97

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 13 if changed, or on an attachment with an address.

CR2E034 (4/97)

**RETIREMENT PLAN PROFESSIONALS, INC.**

1570 MADRUGA AVENUE, 4TH FLOOR  
CORAL GABLES, FLORIDA 33146  
(305) 662-5557

BROWARD, MONROE, AND PALM  
BEACH COUNTY 1(800) 273-1699

TELECOPIER (305) 661-8812

July 16, 1997

Florida Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

Re: Retirement Plan Professionals, Inc.  
L58613 1997 Annual Report

Gentlemen:

We enclose the 1997 Annual Report for Retirement Plan Professionals, Inc. with a check in the amount of \$165.00. We respectfully request that the late fee be waived since the first notification was never received.

Sincerely,

  
Sharon Lee Johnson  
General Counsel

Enc.