

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

FILED

Apr 21 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L91285 (1)

1. Corporation Name
FINANCIAL SECURITY PLANNING GROUP, INC.

Principal Place of Business 14411 S. DIXIE HWY #S-209 MIAMI FL 33176-7839 US	Mailing Address C/O HMPD 16100 NE 16 AVE NORTH MIAMI BEACH FL 33162 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 700 W. Hillsboro Bl 22 Bldg 1, Ste 201 23 Deerfield Beach FL 24 33441	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 08/06/1990	4. FEI Number 65-0213380	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

FALICK, GERALD R.
14411 S. DIXIE HWY
#S-209
MIAMI FL 33176

10. Name and Address of New Registered Agent

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83 City & State	84 Zip Code
	700 W. Hillsboro Blvd. B1	Deerfield Beach FL	33441

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]*

(NOTE: Registered Agent signature required when reinstating)

DATE: 4/13/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	FALICK, GERALD R	1.2 NAME	
STREET ADDRESS	14411 S. DIXIE HWY, #S-209	1.3 STREET ADDRESS	700 W. Hillsboro Bl Bldg 1, Ste 201
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	Deerfield Beach FL 33441
TITLE	VST	2.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	FALICK, RONA	2.2 NAME	
STREET ADDRESS	14411 S. DIXIE HWY, #S-209	2.3 STREET ADDRESS	same address as above
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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.

SIGNATURE: *[Signature]*

DATE: 4/13/98 561 653787

CR2E034 (10/97)