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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L93116

(6)

THE CORPORATE PLANNING GROUP, INC.

Principal Place of Business 2910 VILLA ROSA PK SUITE C	Mailing Address 2910 VILLA ROSA PARK SUITE C			
TAMPA FL 33611 US	TAMPA FL 33611-2838 US		Date Incorporated or Qualified 07/25/1990	3a. Date of Last Report 05/01/1996
2. Principal Place of Business	2a. Mailing Address	***************************************	4. FEI Number	Applied For
21 Suite, Apt. #, etc	26	W.* H	59-3034476	Not Applicable \$8.75 Additional
22	27		5. Certificate of Status Desired	Fee Required
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
Zip Country	28	Country	Trust Fund Contribution	Added to Fees
24 25	29	30	8. This corporation has liability for in Florida Statutes	nlangible tax under s. 199.032, Yes D No
9. Name and Address of Current F	Registered Agent		10. Name and Address of New Reg	
CANNELLA, GWENDOLYN		81 Name		
15961 N FL AVE		82 Street Addre	ss (P.O. Box Number is Not Acceptabl	e)
S-C				-,
LUTZ FL 33549		83		
		84 City		FL 85 Zip Code
 Pursuant to the provisions of Sections 607 0502 a office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligator 	nrid 607 1508, Florida Statu Florida. Such change was ons of, Section 607.0505, F	tes, the above-named corpo authorized by the corporatio orida Statutes.	oration submits this statement for the pun's board of directors. I hereby accept	
SIGNATURE Signification by side of pointed name of registered agent a	AIO	(E: Registered Agent signature require	J. L	DATE
12. OFFICERS AND I		13.	ADDITIONS/CHANGES TO OFFICE	
TITLE D	DELETE	1.1 TITLE	10011011010111110101101011101	Change Addition
NAME CANNELLA, GWENDOLYN G		1,2 NAME		
STREET ADDRESS 2910 VILLA ROSA PK.		1.3 STREET ADDRESS		
CITY-ST-ZIP TAMPA FL		1.4 CITY-ST-ZIP		
THILE	☐ DELETE	2.1 TITLE		Change Addition
NAME STREE ADDRESS		2.2 NAME		
CHY-SI-7IP		2.3 STREET ADDRESS		
TIFLE	DELETE	2.4 CITY-ST-ZIP 3.1 TITLE		Change Addition
NAMÉ	_	3.2 NAME		#:
STREET ADDRESS		3.3 STREET ADDRESS		
City - \$1 - ZiP	~~~~	3.4. CITY-ST-ZIP		
TIFLE	DELETE	4.1 TITLE		Change Addition
NAME		4. 2 NAME		
STREET ADORESS		4.3 STREET ADDRESS		
C(Ty - S) - Z(P	C or exc	4.4 CITY-ST-ZIP		
TILE	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME PROPERTY APPEARS		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
LITE STATE	DELETE	5.4 CITY+ST-ZIP 6.1 TITLE		Change Addition
NAME	HA DELLIE	6.2 NAME		T CHANGE T MOURON
STREEL ADDRESS		U.Z POSWIC.		
		6.3 STREET ADDRESS		

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.

SIGNATURE: GWELLELLEN G. CRUKELLE Prendent

FILED

Feb 26 1997 8:00am

Secretary of State