

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

FILED
Apr 08, 1999 8:00 am
Secretary of State

04-08-1999 90078 042 ***150.00

DOCUMENT # L98527

1. Corporation Name

QUALIFIED RETIREMENT PLANS, INC.

Principal Place of Business

20 N ORANGE AVE
S1426
ORLANDO FL 32801
US

Mailing Address

20 N ORANGE AVE
S1426
ORLANDO FL 32801
US

2. Principal Place of Business

21 923 RIDGECREST Rd.

2a. Mailing Address

26 923 RIDGECREST Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 ORLANDO, FL

City & State

28 ORLANDO, FL

Zip

Country

24 32806

Zip

Country

29 32806

9. Name and Address of Current Registered Agent

CANAN, MICHAEL J.
20 N ORANGE AVE
S 1426
ORLANDO FL 32801

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/06/1990

4. FEI Number

65-0215199

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 the current year Intangible

Personal Property Tax.

☐ Yes

☐ No

10. Name and Address of New Registered Agent

81

Name

MICHAEL J. CANAN

82

Street Address (P.O. Box Number is Not Acceptable)

923 RIDGECREST Rd.

83

City

ORLANDO

FL

85

Zip Code

32806

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

MICHAEL J. CANAN

4/2/99

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 PST ☐ DELETE

NAME CANAN, MICHAEL, J
STREET ADDRESS 923 RIDGECREST RD
CITY-ST-ZIP ORLANDO FL 32806

TITLE D ☐ DELETE

NAME CANAN, MICHAEL, J
STREET ADDRESS 923 RIDGECREST RD
CITY-ST-ZIP ORLANDO FL 32806

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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, with all other like empowered.

SIGNATURE:

MICHAEL J. CANAN

Date

Daytime Phone #

4/2/99 (407) 244-5665

CR2E034 (11/98)

0090885