## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

M56471

(9)

DOCUMENT #

1. Corporation Name

PROFESSIONAL PENSION PLANNERS, INC.

Suite, Apt. #, etc.  Suite, Apt. #, etc.  5. Certificate of Status Desired Fee Required  City & State  City & State  6. Election Campaign Financing  \$8.75 Additional Fee Required  \$5.00 May Be												
P O BOX 273910 BOX 273910 BOX ARTON FL 3942/0010  2 Principal Point of Business 2 A Meding Address 3 Subs, Apt. # cc. 2 Subs, Apt. # cc. 3 Subs, Apt. # cc. 4 Subs,	Principal Place of Business Mailing Address								91111 91911 IB	1881   181   81   18   1	1811 8(81)	mimi) mimis šinis 1981
2. Principal Piace of Business	P O BOX 2	73910		P O BOX 273910			ÉN					
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SUPE, Apr. 8, etc.    SUPE, Apr. 8, etc.   SUP, Apr. 8, etc.   SUPE, Apr. 8, etc.   SUP, Apr. 8, et	2. Principal Plac	ce of Business	h	Mailing Address				4. FEI Number 50-2840850	ገ	ordinario in a reconstruire		
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232	22	, etc.	27									
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Second Color   Seco				have a			1					
GLEASON, GEORGE E 8301 NE COUNTRY HWY 318 ORANGE SPRING FL 32182  82 Street Address (P.O. Box Number is Not Acceptable)  11. Pursuant to the provisions of Sections 807,0502 and 607,1509. Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered difficence registered again, or both, in the State of Florids. Such change was authorized by the corporation submits this statement for the purpose of changing its registered difficence registered again, or both, in the State of Florids. Such change was authorized by the corporation submits this statement for the purpose of changing its registered again. L am  12. PURPOSE TO FIGURE AND DIRECTIONS TO FIGURE AND DIRECTIO	24	and an account of the second control of the control		ared Agent	30			L <b>.</b>			Inent	
B301 NE COLINTRY HWY 318 ORANGE SPRING FL 32182    63		g, italie and Address of Odifein	richisic	ereu Agent		81	Name	10. Name and Address	O Neil I	iegistered ,	Aciir	
B3						82	Street Ado	Address (P.O. Box Number is Not Acceptable)				
The Presument to the provisions of Sections 607-05-02 and 607-15-08, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered difficulties for the purpose of changing its registered difficulties with an expectation of the purpose of changing its registered difficulties. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am registered agent, or toth, in the State of Funds. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am registered of the corporation submits this stater registered agent. I am registered						83					· · · · · · · · · · · · · · · · · · ·	
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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 régistered agent. I am familiar with, and accept the obligations of Socialine RSV. DOI. The placeted Agent agent are states.    12								and and a second state of the second		··		
12	or registere familiar with	d agent, or both, in the State of Florida	<ol> <li>Such e</li> </ol>	change was authorize	red by the d	oorpi ve-r	named corpc oration's boa	ration submits this statement and of directors. Thereby acce	pt the app	rpose of cha pointment as	nging its register	ed agent. Lam
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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 (12/95)