FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **M93297** **(3)**

1. Corporation Name

ANNUITY RETIREMENT PLANS, INC.

Principal Place of Business	Mailing Address
8375 DIX ELLIS TRAIL STE 107 JACKSONVILLE FL 32256 US	XXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXX US

3. Date Incorporated or Qualified: 08/03/1988	3a. Date of Last Report: 05/01/1995
4. FEI Number: 59-2892631	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired: X	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21 4221 Baymeadows Rd	26 P.O. Box 23756
22 Suite 6	27 ----------
23 Jacksonville, Fl	28 Jacksonville, FL
24 Zip 7(32217	29 Zip 32241
25 Country Duval	30 Country USA

9. Name and Address of Current Registered Agent

KING, DAVID A
ATTORNEY AT LAW
1416 KINGSLEY AVE
ORANGE PARK FL 32073

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 607.0302 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 _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	10327 Nakema Dr W ☐ Change ☐ Addition
NAME	PAPALE,ARTHUR R.	1.2 NAME	P.O. Box 23756 Jax, Fl 32257
STREET ADDRESS	~~8375 DIX ELLIS TRIAL 107~~	1.3 STREET ADDRESS	Jax, FL ~~32241-3756~~
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	
TITLE	VP ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	PAPALE, LYNDA P.	2.2 NAME	10327 Nakema Dr W
STREET ADDRESS	~~8375 DIX ELLIS TRIAL 107~~	2.3 STREET ADDRESS	Jacksonville, Fl 32257
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	
TITLE	TS ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	PAPALE, LYNDA P.	3.2 NAME	"
STREET ADDRESS	~~8375 DIX ELLIS TRIAL 107~~	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	100001865771 5/1
STREET ADDRESS		6.3 STREET ADDRESS	-06/18/96--01132--001
CITY-ST-ZIP		6.4 CITY-ST-ZIP	***208.75

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 added on an attached sheet, with an address.

SIGNATURE: X Arthur R Papale

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Arthur R. Papale, President

April 16, 1996 (904) 448-0470

DATE (Daytime Phone #)