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Apr 28 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N14215** (0)

1. Corporation Name

**INTERNATIONAL ASSOCIATION FOR FINANCIAL PLANNING
SOUTHEAST FLORIDA CHAPTER, INC.**

Principal Place of Business

Mailing Address

**9715 W. BROWARD BLVD.
SUITE 126
PLANTATION FL 33324**

**9715 W. BROWARD BLVD.
SUITE 126
PLANTATION FL 33324**

3. Date Incorporated or Qualified

04/07/1986

4. FEI Number

59-2326303

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 9241 S.W. 54 Place

26 9241 SW 54 Place

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 Cooper City FL

27 Cooper City FL

Zip

Country

Zip

Country

24 33328

25 USA

28 33328

30 USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BRILL, THEODORE F ESQ.
8211 W BROWARD BLVD., #380
PLANTATION FL 33324**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

**CD
HEISLER, WILLIAM
5200 BLUE LAGOON DR., SUITE 750
MIAMI FL**

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

**S
CORRAL, LUANA M
P.O. BOX 640875 N/A
MIRAMAR FL 33164**

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

**TD
INTINDOLA, NITA
1946 S.W. 94TH AVE.
MIRAMAR FL 33025**

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

**PD
BRANDWEIN, SAMUEL
1200 N FEDERAL HWY STE 300
BOCA RATON FL**

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

Nita Intindola
NITA INTINDOLA
DIRECTOR

4/6/98
954/438-4638

CR2E037 (10/97)