

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS**FILED**
Mar 03, 1999 8:00 am
Secretary of State

03-03-1999 90049 047 ****61.25

0039228

DOCUMENT # N14215

1. Corporation Name

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

Principal Place of Business

9241 SW 54TH PLACE
COOPER CITY FL 33328
US

Mailing Address

9241 SW 54TH PLACE
COOPER CITY FL 33328
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

04/07/1986

4. FEI Number

59-2326303

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

**BRILL, THEODORE F ESQ.
8211 W BROWARD BLVD., #360
PLANTATION FL 33324**

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 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

TITLE **CD** ☒ DELETE
NAME **HEISLER, WILLIAM**
STREET ADDRESS **5200 BLUE LAGOON DR., SUITE 750**
CITY-ST-ZIP **MIAMI FL**TITLE **S** ☐ DELETE
NAME **CORRAL, LUANA M**
STREET ADDRESS **P.O. BOX 640675 N/A**
CITY-ST-ZIP **MIRAMAR FL 33164**TITLE **TD** ☐ DELETE
NAME **INTINDOLA, NITA**
STREET ADDRESS **1946 S.W. 94TH AVE.**
CITY-ST-ZIP **MIRAMAR FL 33025**TITLE **PD** ☐ DELETE
NAME **BRANDWEIN, SAMUEL**
STREET ADDRESS **1200 N FEDERAL HWY STE 300**
CITY-ST-ZIP **BOCA RATON FL**TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD** ☐ Change ☒ Addition
1.2 NAME **Arlette Cataldo**
1.3 STREET ADDRESS **1200 N. Federal Hwy., Ste. 300**
1.4 CITY-ST-ZIP **Boca Raton, FL 33432**2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS **P. O. Box 5278**
2.4 CITY-ST-ZIP **Hallandale, FL 33008**3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP4.1 TITLE **D** ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP6.1 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, with all other like empowered.

SIGNATURE:

Nita Intindola
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/99

954-432-5079

Date

Daytime Phone #

CR2E037 (11/98)