09241999-90009-001-$611.25-$461.25

AMOUNT DUE ON OR BEFORE 09/15/99: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

NONPROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 OCT -5 PM 2:11

DOCUMENT # **N19073**

1. Corporation Name
OPTIPLAN, INC.

619697 - 90009 - 2

Principal Place of Business	Mailing Address
2424 N FEDERAL HIGHWAY SUITE 405 BOCA RATON FL 33431 US	2424 N FEDERAL HIGHWAY SUITE 405 BOCA RATON FL 33431 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 02/03/1987
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0002042 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
DILLON, KATHRYN 2424 N FEDERAL HIGHWAY SUITE 405 BOCA RATON FL 33431	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable *(NOTE: Registered Agent signature required when reinstating)*

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	T	☐ Change ☒ Addition
NAME	COOK, JAMES M.D.		1.2 NAME	Kelly Mand	
STREET ADDRESS	2424 N FEDERAL HWY STE 362		1.3 STREET ADDRESS	2421 N. Federal Hwy # 405	
CITY-ST-ZIP	BOCA RATON FL		1.4 CITY-ST-ZIP	Boca Raton FL 33431	
TITLE	DP	☒ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MOLIMARO, PETER J.		2.2 NAME		
STREET ADDRESS	2424 N FEDERAL HWY STE 362		2.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL		2.4 CITY-ST-ZIP		
TITLE	DST	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	DAWRON, RICHARD T.		3.2 NAME		
STREET ADDRESS	2424 N FEDERAL HWY STE 362		3.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL		3.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	KOEPNIK, LANCE		4.2 NAME		
STREET ADDRESS	6500 NW 15TH AVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUD FL		4.4 CITY-ST-ZIP		
TITLE	V	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	BROWN, DAVID		5.2 NAME		
STREET ADDRESS	2424 N FEDERAL HWY STE 362		5.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL		5.4 CITY-ST-ZIP		
TITLE	Secretary T	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	Kathryn Dillon		6.2 NAME		
STREET ADDRESS	2424 N. Federal Hwy #405		6.3 STREET ADDRESS		
CITY-ST-ZIP	Boca Raton, Florida 33431		6.4 CITY-ST-ZIP		

10/17

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: Kathryn Dillon 9/22/99 561/620-0830
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

SIGNATURE REQUIRED