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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

THE INTERPLAN PRACTICE, LTD. INCORPORATED

Mailing Address

EXEC. CENTER II. COURT D ONE SOUTH 280 SUMMIT AVE

Principal Place of Business

EXEC. CENTER II. COURT D

FILED Apr 02 1998 8:00am Secretary of State



ONE SOUTH 280 SUMMIT AVE. DO NOT WRITE IN THIS SPACE OAK BROOK TERRACE IL 60161 OAK BROOK TERRACE IL 60181 3. Date Incorporated or Qualified 02/07/1984 2. Principal Place of Business 2a, Mailing Address 4. FEI Number Applied For 21 36-2797014 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 26 Trust Fund Contribution Agrided to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 25 Personal Property Tax due June 30. ∏ No 24 29 30 Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name JACOBY, HARVEY 933 LEE ROAD, STE. 412 82 Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32810 83 64 City Zip Code 11. Pursuant to the provisions of Sections 607.0502 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 Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required whon reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITEE 1.1 TITLE NARCISI, LOUIS J. NAME 1.2 NAME 1 S. 280 SUMMIT AVE. STREET ADDRESS 1.3 STREET ADDRESS OAK BROOK TERRACE IL CITY-ST-ZIF 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE CHOCHOLEK, RAY S. NAME 2.2 NAME 1 S. 280 SUMMIT AVE STREET ADDRESS 2.3 STREET ADDRESS OAK BROOK TERRACE IL CITY-ST-ZIF 2.4 CITY - ST - ZIP ☐ DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP DELETÉ TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME **5.2 NAME** STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP ■ DELETE Change Addition TITLE 6.1 TITLE NAME 62 NAME STREET ADDRESS **63 STREET ADDRESS** 6.4 CITY-ST-ZIP CITY-ST-ZIP

14. Thereby 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.