7370 SO. ORIOLE BLVD. 7370 SO. ORIOLE BLVD.	1. Entity Nam FIRST M	UTUAL PLANNING CORP.		Ri A		į.	Jan 10, Secret	ary	1 8:0 of S	tate	n
2. Principal Place of Business  Suite, Apt. 4 etc.  Suite, Apt. 4	Principal Place of Business 7370 SO. ORIOLE BLVD. SUITE 601 C. DELDAY REACH EL 33446		SUITE 601 C.				01-10-200	1 90003 (	0191	30.00	
Sulte, Apt. 4. etc.    City & State	DELINAT DENOM	1 FE 30440	DECIMI DENOTITE OFFI					III FIGII A(GI) I	KIEN BYBYL BIÐ	I	
City & State    City & State   City & State   City & State   A. FEI Number   11-1965 105   Applicable   Not Applicable   Not Applicable   Not Applicable   Not Applicable   Sea P. St. Additional   Se	2. Principal P	lace of Business	3. Mailing Address								=
Zip Country Zip Country S. Certificating (Status Desired   \$8.75 Additional Fee Required   \$1.00 Additional Fee Required   \$1.	Suite, Apt.	#, etc.	Suite, Apt. #, etc.				DO NOT WRITE	IN THIS SF	PACE		
Solution   Section   Sec	City & Stat	e	City & State			4. 1	11-1903 103				
ABELOW, HERBERT 7370 SO. ORIOLE BLVD #601 DELRAY BEACH R. 33446  8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Forida.  SIGNATURE Symbol, speak or present made displayed to satisfy its interpolities (See criteria on back)  FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$350.00 Make Check Payable to Department of State (See criteria on back)  OFFICERS AND DIRECTORS  11. OFFICERS AND DIRECTORS  The SUMMANY SPEACH R.  Detels  TILE  Detels  TILE  DETECTORS  SIGNATURES  SIGNATURES  SIGNATURES  DETECTORS  TOPPICERS AND DIRECTORS  SIGNATURES  SIG	Zip	Country	1 '	Coun	itry	5. (	Certificate of Status Desired	Q\$			] 
ABELOW, HERBERT 7370 SO. ORIOLE BLVD #601 DELRAY BEACH FL 33446    City   FL   Zip Code		6. Name and Address of Current				7. 1	Name and Address of New Re				∮
### Part No. Or Holder BLVD #801 DERAY BEACH FL 33446    City   FL   Zip Code	ABEL										
8. The accover named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Fordia.  SIGNATURE    Signature, based or private none of registered agent and like if application Agent agriculture none of registered agent, or both, in the State of Fordia.    Signature, based or private none of registered agent and like if application agent and like if application agent and like in the private interest agent and like in the private interest and like in the private interest and like in the private interest agent agent and like in the private interest agent					Street Address	Street Address (P.O. Box Number is Not Acceptable)					
8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent. or both, in the State of Florida.  SIGNATURE    Signature, typed or printed name of registered agent and tall a coolcable.   PROFE Registered Agent sequence required when remembers	DELI	VII DE 10111 E 33113			City			FI	Zip Cod	е	1
SIGNATURE  9. This corporation is eligible to satisfy its Intangible Tax fling requirement and idects to do so   After MAY 1, 2001 Fee will be \$550.00   Addition Single Fundament of State 1 and 1	8. The above	named entity submits this statement for	the purpose of changing its	s registere	ed office or regis	tered ag	ent, or both, in the State of Flori		<u>i</u>		
9. This corporation is eligible to Satisfy its Intangible Added to Fees Will be \$550.00 Make Check Payable to Department of State    Tax filing requirement and elects to do so.   After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State   Title	<b>0.</b> above		,,	J	-	·					
Tax filling requirement and elects to do so.   After MAY 1, 2001 Fee will be \$550.00   Make Check Payable to Department of State   National Control Co	SIGNATURE.	Signature, typed or printed name of registered agent a	and title if applicable. (NO	TE. Registere	d Agent signature requ	ired when re	einstating)	DATE			
TITLE NAME NAME STREET ADDRESS CITY-ST-ZP TITLE	Tax filing r	requirement and elects to do so.	After MAY 1, 2	001 Fee	will be \$550.0						(00/
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TITLE  NAME STREET ADDRESS CITY-ST-ZIP  13. 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 report or supplemental 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 employees for such that is report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address of the supplemental report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address of the supplemental report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address of the supplemental report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed.  HERBERT ABELOW	TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAM STRE	E EET ADDRESS			. —	☐ Change	Addition	
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