

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 28 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 1. Corporation Name AFP Financial Planners, Inc.			
Principal Place of Business 3399 Peachtree Rd., NE Suite 1000 Atlanta, GA 30326		Mailing Address 3399 Peachtree Rd., NE Suite 1000 Atlanta, GA 30326	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	
3. Date Incorporated or Qualified 11/14/90		3a. Date of Last Report 1996	
4. FEI Number 75-1597570		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No			
9. Name and Address of Current Registered Agent CT Corporation System 1200 South Pine Island Rd. 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 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 when reinstating) DATE _____			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Clive Slovin 3399 Peachtree Rd, NE, Ste. 1000 Atlanta, GA 30326	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	T Anthony W. Mitchell 3399 Peachtree Rd., NE, Ste. 1000 Atlanta, GA 30326
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Ivan L. Killen 3399 Peachtree Rd., NE, Ste. 1000 Atlanta, GA 30326	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, D David W. Nelson 3399 Peachtree Rd., NE, Ste. 1000 Atlanta, GA 30326	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Julie A. Sullivan 3399 Peachtree Rd., NE, Ste. 1000 Atlanta, GA 30326	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Bryan Ellis 3399 Peachtree Rd., NE, Ste. 1000 Atlanta, GA 30326	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition 600002204746 -06/06/97--01103--037 ***165.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Jonathan Berzack 3399 Peachtree Rd., NE, Ste. 1000 Atlanta, GA 30326	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition PE 28
14. I do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.			
SIGNATURE: _____ Julie A. Sullivan, Vice President		404-841-6800	

CR2E034 (9/96)