

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

FILED

Jan 30 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # P31791 (7)

1. Corporation Name  
AFP FINANCIAL PLANNERS, INC.

Principal Place of Business 3399 PEACHTREE RD., N.E. STE 1000 ATLANTA GA 30326 US	Mailing Address 3399 PEACHTREE RD N.E. STE 1000 ATLANTA GA 30326 US
---	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 3424 Peachtree Rd NE Suite, Apt. #, etc. 22 1900 Monarch Tower City & State 23 Atlanta, GA Zip 24 30326		2a. Mailing Address 26 PO Box 190150 Suite, Apt. #, etc. 27 City & State 28 Atlanta, GA Zip 29 31119-0150		3. Date Incorporated or Qualified 11/14/1990	
Country 25 USA		Country 30 USA		4. FEI Number 75-1597570 Applied For Not Applicable	
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		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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 SLOVIN, CLIVE 3399 PEACHTREE RD., N.E., STE. 1000 ATLANTA GA <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 3424 Peachtree Rd NE, 1900 Monarch Tower Atlanta, GA 30326
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KILLEN, IVAN 3399 PEACHTREE RD., NE., STE. 1000 ATLANTA GA <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 3424 Peachtree Rd NE, 1900 Monarch Tower Atlanta, GA 30326
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NELSON, DAVID WM 3399 PEACHTREE RD NE, STE 1000 ATLANTA GA <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 3424 Peachtree Rd NE, 1900 Monarch Tower Atlanta, GA 30326
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SULLIVAN, JULIE 3399 PEACHTREE ROAD NE STE 1000 ATLANTA GA <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 3424 Peachtree Rd NE, 1900 Monarch Tower Atlanta, GA 30326
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MITCHELL, ANTHONY W 3399 PEACHTREE RD., N.E., STE 1000 ATLANTA GA <input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 3424 Peachtree Rd NE, 1900 Monarch Tower Atlanta, GA 30326
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ELLIS, BRYAN 3399 PEACHTREE RD., N.E. STE. 1000 ATLANTA GA <input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 3424 Peachtree Rd NE, 1900 Monarch Tower Atlanta, GA 30326

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

SIGNATURE:

REQUIRED

26 JAN 98 404/841-6886

CR2E034 (10/97)