

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION
 ANNUAL REPORT
 1996



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P93000011852 (9)**
 1. Corporation Name

REALPLAN CONSULTANTS, INC.



Principal Place of Business Mailing Address
13870 S.W. 74TH ST. MIAMI FL 33183 **13870 S.W. 74TH ST. MIAMI FL 33183**

3. Date Incorporated or Qualified **02/10/1993** 3a. Date of Last Report **04/19/1995**

2. Principal Place of Business 2a. Mailing Address
 21 **17701 S.W. 76 AVENUE** 26 **17701 S.W. 76 AVENUE**

4. FEI Number **65-0426109** Applied For Not Applicable

Suite, Apt. #, etc. Suite, Apt. #, etc.

5. Certificate of Status Desired \$8.75 Additional Fee Required

22 City & State 27 City & State
 23 **MIAMI, FL** 28 **MIAMI, FL**

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

24 Zip 25 Country 29 Zip 30 Country
33157 USA 33157 USA

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
GIOVANNETTI, DEBORAH
13870 S.W. 74TH ST.
MIAMI FL 33183

10. Name and Address of New Registered Agent
 81 Name **DEBORAH GIOVANNETTI**
 82 Street Address (P.O. Box Number is Not Acceptable) **17701 S.W. 76 AVENUE**
 83
 84 City **MIAMI** FL 85 Zip Code **33157**

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 _____ DATE _____
Signature: typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent's signature required when re-registering)

12. OFFICERS AND DIRECTORS		DELETED
TITLE	D	<input checked="" type="checkbox"/>
NAME	MARLIN, ROBERT	
STREET ADDRESS	5055 COLLINS AVE., APT. 8-G	
CITY - ST - ZIP	MIAMI BEACH FL 33140	
TITLE	D	<input type="checkbox"/>
NAME	GIOVANNETTI, DEBORAH	
STREET ADDRESS	13870 S.W. 74TH ST.	
CITY - ST - ZIP	MIAMI FL 33183	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
11 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
12 NAME			
13 STREET ADDRESS			
14 CITY - ST - ZIP			
21 TITLE	P/D	<input checked="" type="checkbox"/>	<input type="checkbox"/>
22 NAME	DEBORAH GIOVANNETTI		
23 STREET ADDRESS	17701 S.W. 76 AVENUE		
24 CITY - ST - ZIP	MIAMI, FL 33157		
31 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
32 NAME			
33 STREET ADDRESS			
34 CITY - ST - ZIP			
41 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
42 NAME			
43 STREET ADDRESS			
44 CITY - ST - ZIP			
51 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
52 NAME			
53 STREET ADDRESS			
54 CITY - ST - ZIP			
61 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
62 NAME			
63 STREET ADDRESS			
64 CITY - ST - ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *Deborah Giovannetti, President*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DEBORAH GIOVANNETTI

8/6/96 (305) 235 4363
 Date Filed District Office

CR2E034 (3/96)