Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90155 018 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000019093							
RETIREMENT PLANNING SPECIALISTS, INC.							
	ILITI I ENITIFIED OF COINCIO	10, 1140			I FRANCON DE INCER ELLE ROYEL OCCI	. 	6166 HAN 1866
}							
Principal Place of Business Mailing Address					A IMMINDER HAR THEM ILLING BRISH MALIN		2100 1111 1221
6322 PAUMA DEL MAR BLVD S P O BOX 66851							
		ST PETE BCH FL 33736	'ETE BCH FL 33736		DO NOT WRITE IN THIS SPACE		
ST PETERSBŪĞ FL 33715 US US					3. Date Incorporated or Qualifed	2 11 11 10 0 1 1 10 2	
••					03/12/1993		
Principal Place of Business 2a. Mailing Address					4. FEI Number	App	olied For
21 26					59-3172225	Not	Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certifcate of Status Desired	□ \$8.75 A	
22 27					5. 65	Fee Rec	- -
⊢ — '	City & State City & State			•	6. Election Campaign Financing	□ - \$5.00 M	
23				v	Trust Fund Contribution 8. This corporation owes the current		, rees
Zip		└ `	Countr	,	Personal Property Tax.	Tryear intanglote ☐ Yes 1	XNo
24	9. Name and Address of Current	1==1	100		10. Name and Address of New Re		
	J. Mario dila visa della di		8	Name			
Broida & Napier P.A.				Street Add	ress (P.O. Box Number is Not Acceptab	ile)	
% JOEL D. BROIDA			0,	82 Street Address (P.O. Box Number is Not Acceptable)			
605 - 75TH AVE.			8	3		•	
ST. PETERSBURG BEACH FL 33706			84	l City		85 Zip C	ode
						FL °°	
11, Pursuant	to the provisions of Sections 607.0502	t and 607.1508, Florida Statutes of Florida, Such change was aut	s, the above horized by	/e-named corp / the corporati	poration submits this statement for the poon's board of directors. I hereby accept	urpose of changing its r the appointment as reg	egistered istered
agent. I a	m familiar with, and accept the obligation	ons of, Section 607.0505, Florid	da Statute	S	•		
SIGNATURE		AIOTC D	a sistema An	ant aignoture require	ed when reinstating)	DATE]
			13.	ant signature require	ADDITIONS/CHANGES TO OFF		RS IN 12
ITLE	D	DELETE	1.1 TITLE			☐ Change	☐ Addition
NAME	JOHNSON, DONALD E		1.2 NAME				ĺ
STREET ADDRESS			1.3 STREE	T ADDRESS			, [
CITY-ST-ZIP	ST. PETERSBURG BEACH FL 33706		1.4 CITY-	ST-ZIP			
TITLE			2.1 TITLE		•	Change	Addition (
NAME	JOHNSON, JENNIFER C		2.2 NAME				ľ
STREET ADDRESS	% 605 - 75TH AVE.		2.3 STREE	ET ADDRESS		0	•
CITY-ST-ZIP	ST. PETERSBURG BEACH FL 33706		2.4 CITY-	ST-ZIP	1	☐ Change	Addition
TITLE	☐ DELETE		3.1 TITLE			☐ Change	☐ Addison
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET ADORESS				
CITY-ST-ZIP	DELETE		3.4. CITY- 4.1 TITLE	ST-ZIP	<u> </u>	☐ Change	Addition
TITLE			4.1 TITLE				
NAME CTREET ADDRESS				ET ADDRESS			
STREET ADDRESS	1		4.3 STREE]
CITY-ST-ZIP	+		5.1 TITLE	-, <u>-</u>	· · · · ·	☐ Change	Addition
NAME			5.2 NAME		•		
STREET ADDRESS	• 		5.3 STREE	ET ADDRESS			
CITY-ST-ZIP			5.4 CITY-	ST-ZIP			
11T) C	-	OFLETE	6.1 TITLE			☐ Change	☐ Addition

6.4 CITY-ST-ZIP CITY-ST-ZIP 14. 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 or an attachment with an address, with all other like empowered.

62 NAME

6.3 STREET ADDRESS

SIGNATURE:

TITLE

NAME

STREET ADDRESS

OELETE