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FILED

Feb 18 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 # P93000052118 (5)

1. Corporation Name

SERVICE PLANNING NETWORK, INC.



Principal Place of Business

809 S PARROTT AVENUE  
13B  
OKEECHOBEE FL 34974  
US

Mailing Address

809 S PARROTT AVENUE  
13B  
OKEECHOBEE FL 34974-5265  
US

3. Date Incorporated or Qualified

07/20/1993

3a. Date of Last Report

01/29/1996

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

4. FEI Number

65-0417094

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required YES

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees NO

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TSISMANAKIS, GEORGE

1100 NW PARK ST

OKEECHOBEE FL 34972

909 S. PARROTT AVE  
13B

OKEECHOBEE, FL 34974

81 Name

GEORGE TSISMANAKIS

82 Street Address (P.O. Box Number is Not Acceptable)

909 S. PARROTT AVE, #

83 Suite

13 B

84 City

OKEECHOBEE,

FL

85 Zip Code

34974

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

TITLE D DELETE

NAME TSISMANAKIS, GEORGE  
STREET ADDRESS 147 22ND ST BHR  
CITY - ST - ZIP OKEECHOBEE FL 34974

TITLE D DELETE

NAME TSISMANAKIS, DONNA  
STREET ADDRESS 147 22ND ST BHR  
CITY - ST - ZIP OKEECHOBEE FL 34974

TITLE DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

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 on an attachment with an address.

SIGNATURE:

TSISMANAKIS, GEORGE TSISMANAKIS JAN 22 1997 441-357-1106

CR2E034 (9/96)