


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 28, 1999 8:00 am
Secretary of State

07-28-1999 90018 047 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P94000005912					
1. Corporation Name PLANNING ANALYSIS AND DESIGN, INC.					
Principal Place of Business 11339 HONEYTREE LANE N JACKSONVILLE FL 32225 US			Mailing Address 11339 HONEYTREE LN N JACKSONVILLE FL 32225 US		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		01/14/1994	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3252629	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Country		8. This corporation owes the current year Intangible Personal Property. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
24		25		29	
25		29		30	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
JAPOUR, DANIEL A 333-1 E. MONROE ST. JACKSONVILLE FL 32202			81 Name		
			82 Street Address (P.O. Box Number is Not Acceptable)		
			83		
			84 City		
			85 Zip Code		
			FL		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-21-99

Date

Daytime Phone #

CR2E034 (5/99)



P94 000005912
597805-90018-47

July 26, 1999

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Planning Analysis and Design, Inc.
Corporation Annual Report, 1999

Dear Gentlemen:

The above mentioned corporation received your 2nd notice for the 1999 corporation annual report. There apparently has been an error in the handling of the original report for this year.

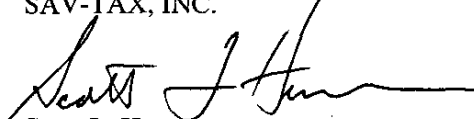
Our records indicate that the report was filed. However, we have not received a canceled check as of this date. It was clearly the intention of this corporation to have the report filed timely.

Per the instructions of your office, enclosed is the signed 2nd notice with a new check in the amount of the original \$150.00 filing fee. We request of the department the one time waiver of penalties for late filing. The corporation was truly under the impression that the report was filed. The mishandling of the original report is unexplained.

Thank you for your time and cooperation in this matter.

Sincerely,

SAV-TAX, INC.


Scott L. Hennon
Accountant

sv

Enclosure

904-743-4533
5911 Arlington Road
Jacksonville, Florida 32211

SAV-TAX
INC