

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 # P94000006075 (3)

1. Corporation Name

COORDINATED PLANNERS INVESTMENT CORP.

Principal Place of Business

Mailing Address

12360 66TH STREET NORTH
SUITE K
LARGO FL 34643

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SUITE K
LARGO FL 34643



| | |
|---|---------------------------------------|
| 3. Date Incorporated or Qualified 01/18/1994 | 3a. Date of Last Report 04/14/1995 |
| 4. FEI Number 65-0459458 | Applied For Not Applicable |
| 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 has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

| | |
|--------------------------------|------------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 Suite, Apt. #, etc. | 26 Suite, Apt. #, etc. |
| 22 City & State | 27 City & State |
| 23 Zip | 28 Zip |
| 24 Country | 29 Country |
| 25 | 30 |

9. Name and Address of Current Registered Agent

CASS, NANCY J
324 HYDE PARK AVE.
SUITE 375
TAMPA FL 33606

10. Name and Address of New Registered Agent

| |
|---|
| 81 Name |
| 82 Street Address (P.O. Box Number is Not Acceptable) |
| 83 |
| 84 City |
| 85 Zip Code |

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 of the person, officer, director, agent, or other authorized person.

(NOTE: Registered Agent's signature required after filing.)

Date

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|----------------------------|---|--|
| TITLE | P | 1.1 TITLE | Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/> |
| NAME | SORRENTINO, ROBERT J | 1.2 NAME | Michael Novick |
| STREET ADDRESS | 2706 S. HORSESHOE DRIVE | 1.3 STREET ADDRESS | One World Trade Center, Ste. 7967 |
| CITY-ST-ZIP | NAPLES FL | 1.4 CITY-ST-ZIP | New York, N.Y. 10048 |
| TITLE | ST | 2.1 TITLE | Change <input type="checkbox"/> Addition <input type="checkbox"/> |
| NAME | MOBLEY, GWENDOLYN | 2.2 NAME | |
| STREET ADDRESS | 2706 S. HORSESHOE DRIVE | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | NAPLES FL | 2.4 CITY-ST-ZIP | |
| TITLE | V | 3.1 TITLE | Change <input type="checkbox"/> Addition <input type="checkbox"/> |
| NAME | ARNETT, BRYAN | 3.2 NAME | |
| STREET ADDRESS | 2706 S. HORSESHOE DRIVE | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | NAPLES FL | 3.4 CITY-ST-ZIP | |
| TITLE | D | 4.1 TITLE | Change <input type="checkbox"/> Addition <input type="checkbox"/> |
| NAME | NELSON, GARY S | 4.2 NAME | |
| STREET ADDRESS | 12360 66TH STREET, SUITE K | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | LARGO FL 34643 | 4.4 CITY-ST-ZIP | |
| TITLE | D | 5.1 TITLE | Change <input type="checkbox"/> Addition <input type="checkbox"/> |
| NAME | IRMISCHER, KURT | 5.2 NAME | |
| STREET ADDRESS | 12360 66TH STREET, SUITE K | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | LARGO FL 34643 | 5.4 CITY-ST-ZIP | |
| TITLE | D | 6.1 TITLE | Change <input type="checkbox"/> Addition <input type="checkbox"/> |
| NAME | WEINER, JOEL | 6.2 NAME | |
| STREET ADDRESS | 12360 66TH STREET, SUITE K | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | LARGO FL 34643 | 6.4 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/5/96

(813) 865-6200

CR2E034 (3/96)