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

29

9. Name and Address of Current Registered Agent

PROFIT CORPORATION ANNUAL REPORT

1998

24



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000010931 (1)

ESTATE PLANNING FOUNDATION, INC.

25

FT WALTON BEACH FL 32547

FISHER, DEBORAH S

602 PELHAM RD

Principal Place of Business Mailing Address 151 S MARY ESTHER BLVD 151 S MARY ESTHER BLVD STE 304 STE 304 MARY ESTHER FL 32569 MARY ESTHER FL 32569 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/27/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 41-6840549 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired 22 27 City & State City & State 6. Election Campaign Financing 23 Trust Fund Contribution 28 Zip Country 8. This corporation owes or has paid the current year Intangible

City Zip Code 85 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.

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SIGNATURE Signature, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 OFFICERS AND DIRECTORS 13. DELETE Change Addition TITLE 1.1 TITLE FISHER, DEBORAH S 1.2 NAME NAME 602 PELHAM RD STREET ADDRESS 1.3 STREET ADDRESS FT WALTON BCH FL CITY-ST-ZIP 1,4 CITY - ST- ZIP DELETE Change Addition TITLE 2.1 TITLE FISHER, CAHRLES W NAME 2.2 NAME 285 BRIARWOOD CIRCLE 2.3 STREET ADDRESS STREET ADDRESS FT WALTON BCH FL CITY-ST-7IP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE ENSEY, HARRY R NAME 32 NAME **506 AMELIA** 3.3 STREET ADDRESS STREET ADDRESS FT WALTON BCH FL CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP TITLE DELETE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CMY-ST-ZiP 5.4 CITY - ST - ZIP DELETE Change ___ Addition TITLE 6.1 TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

14. I 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:

IIREMARLES W FISHER

FILED

Jan 28 1998 8:00am

Secretary of State

 \Box

Personal Property Tax due June 30.

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

10. Name and Address of New Registered Agent

(850)243-6573

2E034

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable