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 # **P94000029436 (0)**

1. Corporation Name
JOURNEY PLAN, INC.

Principal Place of Business	Mailing Address
~~4922 MONARCH LANE~~ ~~KISSIMMEE FL 34746~~	~~4922 MONARCH LANE~~ ~~KISSIMMEE FL 34746~~

2. Principal Place of Business	2a. Mailing Address
21 13979 Osprey Links Rd	26 3979 Osprey Links Rd
Suite, Apt. #, etc 22 #325	Suite, Apt. #, etc 27 #325
City & State 23 ORLANDO, Florida	City & State 28 ORLANDO, Florida
Zip / Country 24 32837 / 25 U.S.A.	Zip / Country 29 32837 / 30 U.S.A.

3. Date Incorporated or Qualified: 04/19/1994
3a. Date of Last Report: 03/24/1995
4. FEI Number: 59-3303457 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
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
~~MINSHALL, NORMAN A~~ ~~4922 MONARCH LANE~~ ~~KISSIMMEE FL 34746~~	81 Name: Norman A Minshall 82 Street Address (P.O. Box Number is Not Acceptable): 13979 Osprey Links Rd #325 83 84 City: ORLANDO FL 85 Zip Code: 32837

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 _____
Signature, typed or printed name of registered agent and date (if applicable) (NOTE: Registered Agent signature required when filed alone)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ~~MINSHALL, NORMAN A~~ ~~4922 MONARCH LANE~~ ~~KISSIMMEE FL 34746~~ ☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☑ Change ☐ Addition D Norman A Minshall 13979 Osprey Links Rd #325 ~~ORLANDO, FL 32837~~
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ~~MINSHALL, KATHLEEN R~~ ~~4922 MONARCH LANE~~ ~~KISSIMMEE FL 34746~~ ☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☑ Change ☐ Addition D Kathleen R Minshall 13979 Osprey Links Rd #325 ORLANDO, FL 32837
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (3/96)

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)(x), 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: N. Minshall NORMAN A MINSHALL 6/24/96 (407) 859 8933
SIGNATURE AND TYPED OR PRINTED NAME OF [illegible] Date Daytime Phone #