FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000043572 (4)**

1. Corporation Name

THE INSTITUTE FOR RETIREMENT AND ESTATE PLANNING , INC.

Principal Place of Business	Mailing Address
~~2255 GLADES ROAD SUITE 422-A~~ ~~BOCA RATON FL 33431~~	~~2255 GLADES ROAD SUITE 422-A~~ ~~BOCA RATON FL 33431~~

3. Date Incorporated or Qualified: 06/07/1994	3a. Date of Last Report: 03/24/1995
4. FEI Number: 65-0513948	☐ 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	

2. Principal Place of Business	2a. Mailing Address
21 100 W. Cypress Creek Road	26 100 W Cypress Creek Road
22 Suite, Apt. #, etc. 5th Floor	27 Suite, Apt. #, etc. 5th Floor
23 City & State Ft. Lauderdale, Fl	28 City & State Ft Lauderdale, Fl
24 Zip 33309 25 Country USA	29 Zip 33309 30 Country USA

9. Name and Address of Current Registered Agent

~~LABINER, PAUL S~~
~~2255 GLADES ROAD SUITE 422-A~~
~~BOCA RATON FL 33431~~

10. Name and Address of New Registered Agent

81 Name: Richard K. Newman
82 Street Address (P.O. Box Number is Not Acceptable): 100 W Cypress Creek Road
83 5th Floor
84 City: Ft. Lauderdale FL 85 Zip Code: 33309

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] DATE: 1/19/96
(If changing Registered Agent, Signature required in this box)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P ☒ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	~~LABINER, PAUL S~~	12 NAME	
STREET ADDRESS	~~2665 MEADOWOOD CT~~	13 STREET ADDRESS	
CITY-ST-ZIP	~~FT LAUDERDALE FL 33332~~	14 CITY-ST-ZIP	
TITLE	VP ☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	NEWMAN, RICHARD K	22 NAME	
STREET ADDRESS	1915 SW 10 ST	23 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33486	24 CITY-ST-ZIP	
TITLE	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(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 added by this report or an address.

SIGNATURE: [signature] 1/19/96 954-771-3606

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)