

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Suzanna B. Mortimer
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000068434 (7)**

1. Corporation Name
WEALTH PLANNING, INC.



Principal Place of Business: **19195 MYSTIC POINT DR #702 AVENTURA FL 33180**
Mailing Address: **19195 MYSTIC POINT DR #702 AVENTURA FL 33180**

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

3. Date Incorporated or Qualified: **09/15/1994** 3a. Date of Last Report: **04/28/1995**
4. FID Number: **65-0507005** 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
10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent: **KIMLER, LEWIS S 499 NW 70TH AVE SUITE 108 PLANTATION FL 33317**
81. Name: **82** Street Address (P.O. Box Number is Not Acceptable): **83** City: **84** State: **FL** 85. Zip Code:

11. Pursuant to the provisions of Sections 607.0102 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 607.0102, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	TITLE	NAME
	DVST BERES, CEIL	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	19195 MYSTIC POINT DR #702		
CITY-ST-ZIP	AVENTURA FL 33180		
	DP BERES, ARTHUR J	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	19195 MYSTIC POINT DR #702		
CITY-ST-ZIP	AVENTURA FL 33180		
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

14. I do hereby certify that the information supplied with this filing is verifiably 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 registered business 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: *Arthur Beres* *Rea* *3/12/96*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)