


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

FILED
Mar 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 33180-4505
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 09/15/1994	3a. Date of Last Report 04/05/1996
				4. FEI Number 65-0507005	Applied For <input type="checkbox"/> 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	

9. Name and Address of Current Registered Agent KIMLER, LEWIS S 499 NW 70TH AVE SUITE 108 PLANTATION FL 33317				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 FL	
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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, typed or printed name of registered agent and the Approver) (NOTE: Registered Agent signature required when incorporating) DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	NAME	<input type="checkbox"/> DELETE	11 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	BERES, CEIL		12 NAME		
CITY-ST-ZIP	19195 MYSTIC POINT DR #702 AVENTURA FL 33180		13 STREET ADDRESS		
TITLE	NAME	<input type="checkbox"/> DELETE	14 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	DP		21 TITLE		
CITY-ST-ZIP	BERES, ARTHUR J		22 NAME		
TITLE	19195 MYSTIC POINT DR #702		23 STREET ADDRESS		
STREET ADDRESS	AVENTURA FL 33180		24 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP			31 TITLE		
TITLE		<input type="checkbox"/> DELETE	32 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			33 STREET ADDRESS		
CITY-ST-ZIP			34 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> DELETE	41 TITLE		
STREET ADDRESS			42 NAME		
CITY-ST-ZIP			43 STREET ADDRESS		
TITLE		<input type="checkbox"/> DELETE	44 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			51 TITLE		
CITY-ST-ZIP			52 NAME		
TITLE		<input type="checkbox"/> DELETE	53 STREET ADDRESS		
STREET ADDRESS			54 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP			61 TITLE		
TITLE		<input type="checkbox"/> DELETE	62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do 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 *Arthur J Beres* *Arthur J Beres* *305-925-0244*

CR2E034 (9/96)