

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Sep 01, 1999 8:00 am
Secretary of State

09-01-1999 90011 031 ***550.00

DOCUMENT # **P94000068434**

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/15/1994

2. Principal Place of Business

21 **1250 East Hallandale Bch. Blvd**

2a. Mailing Address

26 **1250 East Hallandale Bch. Blvd**

4. FEI Number

65-0507005

Applied For

Not Applicable

Suite, Apt. #, etc.

22 **902**

Suite, Apt. #, etc.

27 **902**

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

City & State

23 **Hallandale, FL**

City & State

28 **Hallandale, FL**

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Zip

24 **33009**

Country

25 **USA**

Zip

29 **33009**

Country

30 **USA**

8. This corporation owes the current year
Intangible Personal Property. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BERES, NOEL
19501 EAST COUNTRY CLUB DRIVE
SUITE 202
AVENTURA FL 33180

81 Name

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

21391 Marina Cove Circle (Unit 12-A)

83

84 City

Aventura

FL

85 Zip Code

33180

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 **NOEL BERES**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DVST** ☐ DELETE
NAME **BERES, CEIL**
STREET ADDRESS **19195 MYSTIC POINT DR #702**
CITY-ST-ZIP **AVENTURA FL 33180**

TITLE **DP** ☐ DELETE
NAME **BERES, ARTHUR J**
STREET ADDRESS **19195 MYSTIC POINT DR #702**
CITY-ST-ZIP **AVENTURA FL 33180**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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:

CEIL BERES
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/23/99 (954) 459 0102
Date Daytime Phone #

CR2E034 (5/99)