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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Apr 14 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000078021 (0)

THE INSTITUTE OF PROFESSIONAL PLANNERS, INC.

Principal Place of Business 5533 CENTRAL AVE.		Mailing Address		E 1884/2001 HIP 1901/1 BIBLI 40011 9014 9004 3044 1900 1901 1007 1007 1007			
		5533 CENTRAL AVE.	1				
SUITE B	DA EL 99710	SUITE B ST PETERSBURG FL 337	ነነ ሲያስፍለ				
ST PETERSBURG FL 33710		OF PETENDOUND TE WOR	of PETENSBURG PE 83/10-0000		3. Date Incorporated or Qualified 3a. Date of Last Report		
					10/24/1994	04/22/1996	
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number		Applied For
21		26			59-3279212		Not Applicable
Sulte, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	See Required	
City & Stat	0	City & State			6. Election Campaign Financing		0 May Be
23		28			Trust Fund Contribution		d to Fees
Zip	Country	Zip	Count	lry ,	8. This corporation has liability for in	ntangible tax under	s. 199.032,
24	25	29			Florida Statutes Yes X No		
	9. Name and Address of Curre	ent Registered Agent		1 Name	10. Name and Address of New Reg	Jistered Agent	
	W, RANDALL W		ľ	Ivanie			
5533 SUN	S CENTRAL AVE.		[8	Street Add	dress (P.O. Box Number is Not Acceptable	le)	
	PETERSBURG FL 33710		ļ.	3			
. 01 P	ETENOPUNO EL 007 IV		<u> </u>				
			8	4 City		FL 85 Zi	p Code
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508. Florida Stati	utes, the abo	l ve-named cor	poration submits this statement for the ne		its registered
office or r	registered agent, or both, in the Stat im familiar with, and accept the obli	te of Florida. Such change was	s authorized	by the corpora	rporation submits this statement for the pu ation's board of directors. I hereby accep	the appointment	as registered
•	an laminar with, and accept the oblig	ganons or, exercise con cosos, r	icinda Sialdi				
SIGNATURE	Signature, typed or printed name of registered as	gent and title II applicable. (No	DTE: Registered #	Agent signature requ	ired when reinstating)	DATE	
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC		
TITLE	DPS	DELETE	1,1 TITLE			Change	Addition
NAME	DREW, RANDALL W	_	1.2 NAM	E .			
STREET ADDRESS	6533 CENTRAL AVE., SUITE I	3	1.3 STRE	E1 ADDRESS			
CITY-ST-ZIP	ST PETERSBURG FL		1.4 CHY				
TITLE		[_] DELETE	2.1 11111	[L. Change	Addition
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NAME						Change	
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STREET ADDRESS			3.2 NAM 3.3 STRE	E E1 ADDRESS		L_J Change	
		DELETE	3.2 NAM 3.3 STRE	F IT ADDRESS -ST-ZIP		Change	
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STREET ADDRESS CITY-ST-ZIP TITLE NAME		DELETE	32 NAM 33 STRE 34 CITY 4.1 Title 4.2 NAM	F IT ADDRESS /-ST-ZIP			
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		DELETE	3 2 NAM 3 3 STRE 3.4 CITY 4.1 TITLE 4.2 NAM 4.3 STRE	F IT ADDRESS /-ST-ZIP			e Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			3 2 NAM 33 STRE 3.4 CITY 4.1 TITLE 4.2 NAM 4.3 STRE 4.4 CITY	F TI ADDRESS /-ST-ZIP ME EL ADDRESS -ST-ZIP		Change	e Addition
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STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME			32 NAM 33 STRE 34 CHY 4.1 TOLE 4.2 NAM 43 STRE 44 CHY 5.1 THE 5.2 NAM	E TI ADDRESS (-ST-ZIP EL ADDRESS -ST-ZIP EL ADDRESS CI ADDRESS		Change	e Addition
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STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		DELETE	3.2 NAM 3.3 STRE 3.4 CHY 4.1 TOLE 4.2 NAM 4.3 STRE 4.4 CHY 5.1 TITLE 5.2 NAM 5.3 STRE 6.4 CHY 6.3 STRE 6.4 CHY 6.3 STRE	E TI ADDRESS /-ST-ZIP AE EL ADDRESS -ST-ZIP E TI ADDRESS -ST-ZIP ETI ADDRESS -ST-ZIP	ed in Section 119.07(3)(i), Florida Statutes at my signature shall have the same legal ort as required by Chapter 607, Florida St	☐ Change	Addition Addition