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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9400078021 (0)

THE INSTITUTE OF PROFESSIONAL PLANNERS, INC.

Principal Place of Business Mailing Address 5533 CENTRAL AVE. 5533 CENTRAL AVE. SUITE B SUITE B ST PETERSBURG FL 33710 ST PETERSBURG FL 33710					DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/24/1994
2. Principal Place of Business		2a. Mailing Addre	2a. Mailing Address		4. FEI Number Applied For
21		26	26		59-3279212 Not Applicable
Suite, Apt. #, etc		Suite, Apt #.	Suite, Apt #. etc.		5. Certificate of Status Desired S8.75 Additional Fee Required
City & Stat	16	City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip 24	Country 25	Z(p 29	30	ountry	This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No
	g, Name and Address of Cu	rrent Registered Agent		81 Name	10. Name and Address of New Registered Agent
5533 CENTRAL AVE. SUITE B ST PETERSBURG FL 33710				82 Street 83 84 City	et Address (P.O. Box Number is Not Acceptable)
office or	registered agont, or both, in the S am familiar with, and accept the ol	tate of Florida Such chang bligations of, Section 607.0	ge was authori 505, Florida S	zed by the cor ltatutes.	ed corporation submits this statement for the purpose of changing its registered corporation's board of directors. I hereby accept the appointment as registered
					ture required when reinstating) DATE
12.	DPS OFFICERS	AND DIRECTORS DEI		3. 1 TITLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
	DREW, RANDALL W				Change Xounda
NAME	5533 CENTRAL AVE., SUI	TC D	.	2 NAME	
STREET ADDRESS	ST PETERSBURG FL	IE U		STREET ADDRESS	SS
CITY-ST-ZIP TITLE	OI FEIENSBUNG FL	□ DEI		4 CITY-ST-ZIP 1 TITLE	Change Addition
-	1	<u> </u>			Charge C Addition
NAME				2 NAME	. [
STREET ADDRESS	1			3 STREET ADDRESS	SS
CITY - ST - ZIP	1		2.	4 CITY - ST - ZIP	1

3.3 STREET ADDRESS

4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

3.4. CITY-ST-ZIP

4.1 TITLE 4. 2 NAME

5.1 TITLE

5.2 NAME

14. I hereby certify that the information supplies 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 supplies and 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 of the receiver or trustee employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, of an application with an address.

SIGNATURE:

NAME STREET ADDRESS

TITLE

NAME STREET ADDRESS

TITLE

NAME

CITY - ST - ZIP

CITY - ST - ZIP

STREET ADDRESS

AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

DELETE

DELETE

DELETE

4-21-98

913/3/7/4709 Davierus Phone # 0393289

Change

Change

Change

Addition

Addition

Addition

FILED

Apr 27 1998 8:00am

Secretary of State