Applied For Not Applicable \$8.75 Additional

□No

Fee Required \$5.00 May Be. Added to Fees

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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000079869

1. Corporation Name

FLORIDA INSURANCE PLANNERS & FINANCIAL SERVICES.

3. Date Incorporated or Qualifed 10/19/1994 2. Principal Place of Business 2a. Mailing Address 2b. Suite, Apt. #, etc. 2c. Suite, Apt. #, etc. 2d. Sui						
E ORLANDO FL 32903 US DO NOT WRITE IN THIS SP 3. Date Incorporated or Qualifed 10/19/1994 2. Principal Place of Business 2a. Mailing Address 2b. Suite, Apt. #, etc. 2c. Suite, Apt. #, etc. 2d. City & State 2d. City & State 2d. City & State 2d. City & State 2d. Suite, Apt. #, etc. 2d. Suite, Apt. #, etc. 2d. Suite, Apt. #, etc. 2d. City & State 2d. City & State 2d. City & State 2d. Suite, Apt. #, etc. 2d. Suite, Apt. #, etc. 2d. Suite, Apt. #, etc. 2d. City & State 2d. City & State 2d. City & State 2d. Country 2d. Suite, Apt. #, etc. 2d. Suite, Apt. #, etc. 2d. City & State 2d. Suite, Apt. #, etc.	Principal Place	of Business	Mailing Address			ı (Baithan 310 Idili pisir ağlılı saiti 004)1 dölili (109)0 il
2. Principal Place of Business 2. Mailing Address 2. Principal Place of Business 2. Mailing Address 3. FEI Number 59-3286184 Suite, Apt. #, etc. 22	E	•••	LONGWOOD FL 32791-50	077		DO NOT WRITE IN THIS SPA
21	US					'
27 City & State Country Zip Country Zip Country Summe and Address of Current Registered Agent Personal Property Tax. 9. Name and Address of Current Registered Agent CRAMER, CHARLES W 723 E COLONIAL DR SUITE 200 ORLANDO FL 32803 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 84 City FL 81 Name 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 charangement of the purpose of charangement agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE		ace of Business	<u></u>			
Zip Country Zip Country 8. This corporation owes the current year Intang 24 25 29 30 Personal Property Tax. 9. Name and Address of Current Registered Agent CRAMER, CHARLES W 723 E COLONIAL DR SUITE 200 ORLANDO FL 32803 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83	22		<u>├</u>			5. Certificate of Status Desired
Zip Country Zip Country 8. This corporation owes the current year intang Personal Property Tax. 9. Name and Address of Current Registered Agent CRAMER, CHARLES W 723 E COLONIAL DR SUITE 200 ORLANDO FL 32803 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 84 City FL 81. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of charange was authorized by the corporation's board of directors. I hereby accept the appointment agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE)	City & State			6. Election Campaign Financing
25 29 30 Personal Property Tax. 9. Name and Address of Current Registered Agent CRAMER, CHARLES W 723 E COLONIAL DR SUITE 200 ORLANDO FL 32803 82 Street Address (P.O. Box Number is Not Acceptable) 83 Value 84 City FL 81. Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 Value 84 City FL 85 Street Address (P.O. Box Number is Not Acceptable) 86 Value 87 Value 88 Value 89 Value 80 Value 80 Value 80 Value 80 Value 80 Value 80 Value 81 Value 82 Value 83 Value 84 Value 85 Value 86 Value 87 Value 88 Value 88 Value 88 Value 89 Value 80 Value 81 Value 82 Value 83 Value 84 Value 85 Value 86 Value 87 Value 88 Value 88 Value 88 Value 89 Value 80 Value	23					Trust Fund Contribution
CRAMER, CHARLES W 723 E COLONIAL DR SUITE 200 ORLANDO FL 32803 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 81 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 charangement. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE	— ·		 		ry	o. This disposation owas the current year manging
CRAMER, CHARLES W 723 E COLONIAL DR SUITE 200 ORLANDO FL 32803 82 Street Address (P.O. Box Number is Not Acceptable) 83 City FL 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 charden 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE SIGNATURE		9. Name and Address of Cu	rrent Registered Agent			10. Name and Address of New Registered Agen
723 E COLONIAL DR SUITE 200 ORLANDO FL 32803 82 Street Address (P.O. Box Number is Not Acceptable) 83 City FL 84 City FL 85 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 characteristic 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE	CRAN	MER CHARLES W		8	1	Name
ORLANDO FL 32803 84 City FL 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 characteristic 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE		1		82	2	Street Address (P.O. Box Number is Not Acceptable)
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 character 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE				83	3	
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 appointme agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE				84	4	City FL 85
	office or re	gistered agent, or both, in the St	ate of Florida. Such change was	authorized by	y th	the corporation's board of directors. I hereby accept the appointment
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE		Signature, typed or printed name of registered	anent and title if amilicable (NO	ITE: Registered Ass	ont s	it signature required when reinstaling)

FILED Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90065 001 ***150.00

RITE IN THIS SPACE

☐ Yes

SUITE 200			+										
ORLANDO FL 32803													
0/1E/1/D0 / E 02000			Cit	ly = •	85	Zip Co	de						
				<u>" FL</u>									
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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE													
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12													
TITLE		.1 TITLE	-		Cha		Addition						
NAME	SZCZEPANEK, KEN	2 NAME				-							
STREET ADDRESS	1707 N MILLS AVE	.3 STREET	ROOA 1	ESS									
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	6.	4 C/TY-ST	•ZIP	_ <u>L</u>									

I hereby certify that the information supplied with this fling 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 reports 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 receiper or director of the corporation or the receiper or director of the corporation or the receiper of director of the corporation of the receiper of director of the corporation of

SIGNATURE:

AGNING OFFICER OR DIRECTOR