

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

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Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90011 024 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000003136

1. Corporation Name
ESTATE PLANNING & PROTECTION SERVICES, INC.



Principal Place of Business 900 BISHOP PARK CT SUITE 1024 WINTER PARK FL 32792 US	Mailing Address 900 BISHOP PARK CT SUITE 1024 WINTER PARK FL 32792 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 300 SHEOMAH BLVD	2a. Mailing Address 26 300 SHEOMAH BLVD.
Suite, Apt. #, etc. 22 SUITE 1302	Suite, Apt. #, etc. 27 SUITE 1302
City & State 23 WINTER SPRINGS FL	City & State 28 WINTER SPRINGS FL
Zip 24 32708	Country 25 USA
Country 25 USA	Zip 29 32708
	Country 30 USA

3. Date Incorporated or Qualified 01/10/1995
4. FEI Number 59-3288414
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 owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent LEONARD, APRIL L 415 MACGREGOR ROAD WINTER SPRINGS FL 32708

10. Name and Address of New Registered Agent
81 Name APRIL L. LEONARD
82 Street Address (P.O. Box Number is Not Acceptable) 300 SHEOMAH BLVD.
83 # 1302
84 City WINTER SPRINGS FL
85 Zip Code 32708

11. Pursuant to the provisions of Sections 607.0501 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 **APRIL L. LEONARD, PRES.** DATE **4/24/99**
Signature, typed or printed name of registered agent, and title if applicable. (NO: E: Registered agent signature required when persisting)

12. OFFICERS AND DIRECTORS	
TITLE P	<input type="checkbox"/> DELETE
NAME LEONARD, APRIL	
STREET ADDRESS 415 MACGREGOR RD	
CITY-ST-ZIP WINTER SPRINGS FL 32708	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME APRIL L. LEONARD	
1.3 STREET ADDRESS 300 SHEOMAH BLVD, #1302	
1.4 CITY-ST-ZIP WINTER SPRINGS, FL 32708	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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, with all other like empowered.

SIGNATURE: **APRIL L. LEONARD, PRES.** DATE **4/24/99** (407) 628-4766
Signature and typed or printed name of signing officer or director. Date Daytime Phone #

CR2E034 (11/98)