

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

1082

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED
97 AUG 29 AM 10: 01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000036159 (8)
1. Corporation Name
RETIREMENT ASSETS CONSULTANTS, INC.

Principal Place of Business 3801 HOLLYWOOD BLVD NATIONS BANK BLDG HOLLYWOOD FL 33021-6729	Mailing Address 3801 HOLLYWOOD BLVD NATIONS BANK BLDG HOLLYWOOD FL 33021-6729
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/27/1995		3a. Date of Last Report 03/26/1996	
4. FEI Number 65-0572266		Applied For <input type="checkbox"/> Not Applicable	
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 or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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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 fee if applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITTHORNE, ELIZABETH 3801 HOLLYWOOD BLVD HOLLYWOOD FL 33021-6729	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 900002284149-9 -09/03/97--01075--013 ****165.00 ****165.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do 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 and changed, or on an attached sheet with an address.

SIGNATURE _____ 8/21/97

CR2E034 (4/97)



LEVENSON, KATZIN & BALLOTTA, P.A.
CERTIFIED PUBLIC ACCOUNTANTS

3801 Hollywood Boulevard
Hollywood, Florida 33021-6729
Broward (954) 961-7940 Dade (305) 653-2550
North Broward (954) 525-2550
Telefax: Broward (954) 961-8144 Dade (305) 651-7379

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Michael R. Ballotta, C.P.A.
Raymond A. Ballotta, C.P.A.
Alfred J. Katzin, C.P.A.
Maurice E. Levenson, C.P.A.

Sharon K. Bloom, C.P.A.
Lynne D. Packar, C.P.A.
W. Jay Rechman, C.P.A.

August 26, 1997

Annual Reports Filings
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

RE: Retirement Assets Consultants, Inc.
Document # P95000036159 (8)

Gentlemen:

Per my telephone conversation with Jackie on August 25, 1997, enclosed is a completed Annual Report for the above named corporation and a check in payment of the annual filing fee in the amount of \$165.00.

Our records indicate that the annual report was originally submitted on April 14, 1997, and was apparently lost in transit. The report for a related company (Fredalan, Inc., Document # S86238) was sent separately at the same time and your records indicate that the report and payment were received.

If there are any questions, please contact me. Thank you for your cooperation in this matter.

Sincerely,

Alfred J. Katzin, CPA
AJK/fk

Enclosures
cc: Elizabeth Whitthorne