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.)

APPROVED PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham 97 JUL 21 AM 8: 46 ANNUAL REPORT Secretary of State 1997 DIVISION OF CORPORATIONS SECRETARY OF STATE TALLAHASSEE, FLORIDA DOCUMENT # P95000048486 (1) PLANNERS INTERNATIONAL, INC. Principal Place of Business Mailing Address 2813 KEYSTONE DRIVE \$616 X BY STONE DRIVE ORLANDO FL 32806 BIPKANDOXPK 92806: X DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3a. Date of Last Report 06/12/199<u>5</u> 03/08/1996 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 P.O. Box 568943 59-3332648 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Orlando, Г 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible 32856-894330 24 25 29 Orange Personal Property Tax due June 30. Yes X No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name BOS, CAREY N 723 EAST COLONIAL DRIVE STE 200 82 Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32803 83 84 City 85 Zip Code 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 punted name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 **PVST** DELETE TITLE 1.1 TITLE Change ☐ Addition HOREN, DOUGLAS NAME 1.2 NAME 2813 KEYSTONE DR STREET ADDRESS 1.3 STREET ADDRESS ORLANDO FL CITY-ST-ZIP 1.4 CITY - ST - 7IP DELETE TITLE ☐ Change Addition 2.1 TITLE 800002246808--NAME 2.2 NAME -07/24/97--01079--004 ****165.00 ****165.0 STREET ADORESS 2.3 STREET ADDRESS ****165.00 CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-7IP DELETE TITLE 4.1 TITLE Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE 51 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE TITLE 61 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY - ST - ZIP 6.4 CITY - ST - ZIP

To be level of certify that the information supplies with this filling does not quality in the exception 1.19-0.7(3)(t), relocal statutes. I further certify that the information indicated on this annual report or suppliemental 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 of an attachment with an address.

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