

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

FILED

Jun 02 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000057226 (9)

1. Corporation Name
INCORPORATORS PLUS, INC.

Principal Place of Business 1214 N. UNIVERSITY DRIVE PLANTATION FL 33322 US	Mailing Address 1214 N. UNIVERSITY DRIVE PLANTATION FL 33322 US
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DO NOT WRITE IN THIS SPACE

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
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3. Date Incorporated or Qualified 07/25/1995	4. FEI Number 65-0596050	Applied For 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 type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent
HELLER, MICHAEL
1214 N. UNIVERSITY DRIVE
PLANTATION FL 33322

10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL
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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 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	DPTS HELLER, MICHAEL S 1214 N UNIVERSITY DR PLANTAION FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP
NAME	WOOD, DALE S 22 SE 17TH AVE FT. LAUDERDALE FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
STREET ADDRESS	HELLER, GERALD 308 NW 101ST TERRACE CORAL SPRINGS FL	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

1.1 TITLE	Change	Addition
1.2 NAME	Change	Addition
1.3 STREET ADDRESS	Change	Addition
1.4 CITY-ST-ZIP	Change	Addition
2.1 TITLE	Change	Addition
2.2 NAME	Change	Addition
2.3 STREET ADDRESS	Change	Addition
2.4 CITY-ST-ZIP	Change	Addition
3.1 TITLE	Change	Addition
3.2 NAME	Change	Addition
3.3 STREET ADDRESS	Change	Addition
3.4 CITY-ST-ZIP	Change	Addition
4.1 TITLE	Change	Addition
4.2 NAME	Change	Addition
4.3 STREET ADDRESS	Change	Addition
4.4 CITY-ST-ZIP	Change	Addition
5.1 TITLE	Change	Addition
5.2 NAME	Change	Addition
5.3 STREET ADDRESS	Change	Addition
5.4 CITY-ST-ZIP	Change	Addition
6.1 TITLE	Change	Addition
6.2 NAME	Change	Addition
6.3 STREET ADDRESS	Change	Addition
6.4 CITY-ST-ZIP	Change	Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

100002547461
-06/04/98--01033--024
**\$450.00

9/20/98 (054) 475-8181

CR2E034 (10/97)