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Feb 11 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000058201 (1)

1. Corporation Name
LIFE PLANNING SERVICES OF SOUTH FLORIDA, INC.

Principal Place of Business
1800 N. UNIVERSITY DRIVE
PEMBROKE PINES FL 33024

Mailing Address
1800 N. UNIVERSITY DRIVE
PEMBROKE PINES FL 33024-5037



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

3. Date Incorporated or Qualified

07/27/1995

3a. Date of Last Report

07/25/1996

4. FEI Number

APPLIED FOR 65-0601951

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

BOYD, LAURENCE P
1800 N. UNIVERSITY DRIVE
PEMBROKE PINES FL 33024

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

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

TITLE	PD	☐ DELETE
NAME	BOYD, LAURENCE P	
STREET ADDRESS	1800 N. UNIVERSITY DRIVE	
CITY-ST-ZIP	PEMBROKE PINES FL 33024	
TITLE	VPD	☐ DELETE
NAME	BOYD, PATRICK M	
STREET ADDRESS	1800 N. UNIVERSITY DRIVE	
CITY-ST-ZIP	PEMBROKE PINES FL 33024	
TITLE	STD	☐ DELETE
NAME	BOYD, LINDA M	
STREET ADDRESS	1800 N. UNIVERSITY DRIVE	
CITY-ST-ZIP	PEMBROKE PINES FL 33024	
TITLE	D	☐ DELETE
NAME	BOYD, ADONIS L	
STREET ADDRESS	1800 N. UNIVERSITY DRIVE	
CITY-ST-ZIP	PEMBROKE PINES FL 33024	
TITLE	D	☐ DELETE
NAME	BOYD, KATHERINE	
STREET ADDRESS	1800 N. UNIVERSITY DRIVE	
CITY-ST-ZIP	PEMBROKE PINES FL 33024	
TITLE	D	☐ DELETE
NAME	BOYD, CAREN	
STREET ADDRESS	1800 N. UNIVERSITY DRIVE	
CITY-ST-ZIP	PEMBROKE PINES FL 33024	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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 if changed, or on an attachment with an address.

SIGNATURE: *Laurence P. Boyd* LAURENCE P. BOYD

2-4-97

954
983-6400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)