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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90112 039 ***150.00

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1. Corporation Name

LIFE PLAN	INING SERVICES OF SOU							
Principal Place of	of Business	Mailing Address			·			
1600 N. UNIVERS		1600 N. UNIVERSITY DRIVE			1			
PEMBROKE PINES	S FL 33024	PEMBROKE PINES FL 33024			DO NOT WRIT	E IN THIS SPAC	E	
,					3. Date Incorporated or Qualifed			Į
					07/27/1995			
		2a. Mailing Address			4. FEI Number		Applie	ed For
2. Principal Pla	ce of Business				65-0601951			pplicable
21		Suite, Apt. #, etc.				F I * *	3.75 Add	I .
Suite, Apt. #	, etc.	├ ─┐			5. Certifcate of Status Desired		Fee Requ	
22		City & State			6. Election Campaign Financing	. _[] ,\$	5.00 M	ay Be
City & State		28			Trust Fund Contribution		Added to I	ees
23	Country	Zip	Countr	у	8. This corporation owes the curr	ent year Intangib	ile (C]No
Zip			30		Personal Property Tax.			ואס
24	9. Name and Address of Currer				10. Name and Address of New F	Registered Ager	ντ	
	9. Name and Address of Corre		81	Name				
ROYE), LAURENCE P		8:	Street A	ddress (P.O. Box Number is Not Accepta	able)		
1600	N. UNIVERSITY DRIVE		"	Olicot 7.				
PEME	BROKE PINES FL 33024		8:	3				
1 (111)	NIONE I MIZO I Z GOOD		-	1 016		8	5 Zip Co	ode
			l l	4 City		FL	ــــــــــــــــــــــــــــــــــــــ	
	607.050	n2 and 607 1508 Florida Statute	es, the abo	ve-named o	corporation submits this statement for the ration's board of directors. I hereby acce	purpose of char	nging its re ent as regi	egistered stered
11. Pursuant t	to the provisions of Sections 607.050 egistered agent, or both, in the State	of Florida. Such change was at	uthorized b	y the corpo	corporation submits this statement for the ration's board of directors. I hereby acce	pt the appointme		ļ
agent. I ar	egistered agent, or both, in the State in familiar with, and accept the obliga	ations of, Section 607.0505, Flor	iga Statute	,		_]
SIGNATURE		(NOTE:	: Registered Ag	ent signature re	quired when reinstating)	DATE		
	Signature, typed or printed name of registered ag-	6Uf aug mie it abbirranie (
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12.		ND DIRECTORS			ADDITIONS/CHANGES TO OF	FICERS AND D	Change	Addition
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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 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 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 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 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 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 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 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 indicated on this annual report or supplemental 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 indicated on this annual report or supplemental annual report or supplemental annual report or supplemental annual report of the corporation of the report of the corporation of the corporation of the report of the corporation of the report of the corporation of the report of the corporation of the report

SIGNATURE:

SHATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

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