

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

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

DOCUMENT # P95000058201

1. Corporation Name

LIFE PLANNING SERVICES OF SOUTH FLORIDA, INC.

Principal Place of Business
1600 N. UNIVERSITY DRIVE
PEMBROKE PINES FL 33024

Mailing Address
1600 N. UNIVERSITY DRIVE
PEMBROKE PINES FL 33024



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/27/1995

4. FEI Number

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

BOYD, LAURENCE P
1600 N. UNIVERSITY DRIVE
PEMBROKE PINES FL 33024

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	PD	<input type="checkbox"/> DELETE
NAME	BOYD, LAURENCE P	
STREET ADDRESS	1600 N. UNIVERSITY DRIVE	
CITY-ST-ZIP	PEMBROKE PINES FL 33024	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	BOYD, PATRICK M	
STREET ADDRESS	1600 N. UNIVERSITY DRIVE	
CITY-ST-ZIP	PEMBROKE PINES FL 33024	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	BOYD, LINDA M	
STREET ADDRESS	1600 N. UNIVERSITY DRIVE	
CITY-ST-ZIP	PEMBROKE PINES FL 33024	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BOYD, ADONIS L	
STREET ADDRESS	1600 N. UNIVERSITY DRIVE	
CITY-ST-ZIP	PEMBROKE PINES FL 33024	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BOYD, KATHERINE	
STREET ADDRESS	1600 N. UNIVERSITY DRIVE	
CITY-ST-ZIP	PEMBROKE PINES FL 33024	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BOYD, CAREN	
STREET ADDRESS	1600 N. UNIVERSITY DRIVE	
CITY-ST-ZIP	PEMBROKE PINES FL 33024	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-5-99

Date

435-5071

Daytime Phone #