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

**PROFIL** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **P96000036520 (0)**

PROACTIVE PLANNING GROUP, INC.

## **FILED** Mar 20 1997 8:00am Secretary of State



Principal Place of Business	Mailing Address			40.00 MAR BARA BARA	
188 COCONUT PALM DRIVE BOCA RATON FL 33432		188 COCONUT PALM DRIVE BOCA RATON FL 33432-7914			
			3. Date Incorporated or Qualified 04/16/1996	3a. Date of Last Re	port
2. Principal Place of Business  2 (0   W. Commence  Suite, Apt. #, etc.  700	A But A R COC	188 COCOMITIALINE		<del></del>	olied For Applicable
Suite, Apt. #, etc	Suite, Apt #, etc		5. Certificate of Status Desired	□ \$8.75 A	
V 900	City & State			Fee Required \$5.00 May Be	
1900 Fr. Landendde, F	Z 28 BOCA 14	TON, FL	6. Election Campaign Financing Trust Fund Contribution	Added to	
Zip 33309 Couritry B	26733432	P BEACH	This corporation has liability for in Florida Statutes	ntangible tax under s. Yes  No	199.032,
9, Name and Address of	Current Registered Agent	(30)	10. Name and Address of New Reg		
JENSEN, ROBERT W		81 Name	DANE KLUCZKI	bWSKI	
4675 PONCE DE LEON BLVD STE 305		82 Street Add	dress (DO) Box Momber is Not Accepted	PALM ROI	( <b>n</b>
CORAL GABLES FL 33146-211	13	83	188 COCOTTUT	711-4 7 207	<u> </u>
		<b>\</b>			
	,	84 City	SOCA RATON	FI 85 Zip S	24)
1. Pursuant to the provisions of Sections 6	07 05 62 and 607.1508, Florida Statut	es, the above-named cor	poration submits this statement for the p	urpose of changing its	registered
office or registered do not, or both in the agent. I am familiar was, and a doubt the	of Saite of Florida, Such change was a Ability ions of Section 607,0005, Florida	authorized by the corpora orida Statutes.	poration submits this statement for the p ation's board of directors. I hereby accep	of the appointment as r	egistered
GNATURE LAW U. 1	Phylanus !- (	DANE Klu	CZKOWSKI-PRESK	a, 3/17/97	•
ilisivatione					
Sign by a Typical or printed name of rega	I tigent as the if applicable (NO)	. Registered Agent signature requ	uired when reinstating)	DATE	
	Ligent ay to e it applicante (NO RG AND MIRE CTORS			ERS AND DIRECTORS	
2, OFFICE	His AND Eine CTORS DELETE	Hogistered Agent signature requ	uired when reinstating)		
2. OFFICE  OFFICE  AVE KLUCZKOWSKI, JANE	DELETE	logistered Agent signature requ	uired when reinstating)	ERS AND DIRECTORS	
2. OFFICE  ILE KLUCZKOWSKI, JANE  TRELIADDRESS 188 COCONUT PALM	DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	uired when reinstating)	ERS AND DIRECTORS	
2. OFFICE  ILLE  ANY: CHELLADDRESS  INV. ST. 78:  BOCA RATON FL 33432	DELETE  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY- ST-ZIP	uired when reinstating)	ERS AND DIRECTORS  Change	Addition
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IZ. OF FICE  ITHE  KANCE  CHEFF ADDRESS  INCOMPANY  BOCA RATON FL 33432	DELETE  DELETE  DELETE	13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  2.4 CITY-ST-ZIP  3.1 TITLE  3.2 NAME  3.3 STREET ADDRESS  3.4 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  5.5 TITLE  5.6 NAME  5.7 STREET ADDRESS  5.6 CITY-ST-ZIP	uired when reinstating)	Change  Change  Change	Addition  Addition  Addition
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