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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P96000069655 (4) DOCUMENT #

THE F. S. PLANNING GROUP INC.

Principal Place of Business

SIGNATURE:

P O BOX 30422 PALM BEACH GARDENS FL 33420 Mailing Address

P O BOX 30422

PALM BEACH GARDENS FL 33420

FILED Apr 02 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/19/1996 4. FEI Number 65 Applied For -0691862 2. Principal Place of Business 2a. Mailing Address Not Applicable 1128 ROYAL PALM BEACH 26 1128 ROYAL PALM BEACH \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc 5. Certificate of Status Desired Fee Required SUITE 405 BLVD City & State SUITE 405 \$5.00 May Be 6. Election Campaign Financing 23 ROYAL PALM BEACH, 28 ROYAL PALM BEACH, FL Trust Fund Contribution Added to Fees Zip Country Country This corporation owes or has paid the current year Intangible □ NoX Personal Property Tax due June 30. Yes Yes 33411 USA 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name GORDON, FRED 16396 77TH LANE NO Street Address (P.O. Box Number is Not Acceptable) **LOXAHATCHEE FL 33470** 83 Zip Code 85 84 City 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 are tagnillar full accept the obligations of, Section 607.0505, Florida Statutes. PRES <u> 3 - 3 0 - 98</u> ne of registered agent and little if applicable (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. Addition DELETE 1.1 TITLE TITLE GORDON, FRED 1.2 NAME NAME 16396 77TH LANE NO 1.3 STREET ADDRESS STREET ADDRESS 33470 Loxahatchee Fl 1.4 CITY - ST - ZIP CITY-ST-ZIP Change ___ Addition DELETE 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY - ST - ZIP Change Addition DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3 4. CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ DELETE TITLE 4.1 TITLE NAME 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP 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 a liablamment with an address.

GORDON