


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

**FILED**  
**May 19 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

**DOCUMENT # P96000073287 (0)**  
 1. Corporation Name  
**PLANET FINANCIAL CORP.**



Principal Place of Business 11900 BISCAYNE BLVD. SUITE 505 NORTH MIAMI FL 33181	Mailing Address 11900 BISCAYNE BLVD. SUITE 505 NORTH MIAMI FL 33181
--	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>2850 STIRLING RD.</b> Suite, Apt. #, etc. 22 <b>SUITE G</b> City & State 23 <b>HOLLYWOOD, FL.</b> Zip 24 <b>33020</b> Country 25 <b>FLORWARD</b>	2a. Mailing Address 26 <b>2850 STIRLING RD.</b> Suite, Apt. #, etc. 27 <b>SUITE G.</b> City & State 28 <b>HOLLYWOOD, FL.</b> Zip 29 <b>33020</b> Country 30 <b>FLORWARD</b>
---	---

3. Date Incorporated or Qualified <b>09/04/1996</b>	4. FEI Number <b>65-0693178</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent <b>INCORPORATORS PLUS, INC.</b> <b>1214 N. UNIVERSITY DRIVE</b> <b>PLANTATION FL 33322</b>		81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
---	--	---------	---	----	---------	-------------

10. Name and Address of New Registered Agent	
--	--

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	<b>P/D HUDDLESTON, ROBERT J.</b>
STREET ADDRESS		1.3 STREET ADDRESS	<b>2850 STIRLING RD. SUITE G</b>
CITY-ST-ZIP		1.4 CITY-ST-ZIP	<b>HOLLYWOOD, FL 33020</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 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 an attachment with an address.

SIGNATURE \_\_\_\_\_ **Robert J. Huddleston** 4-29-98 844-426-0357

CR2E034 (10/97)