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

PROFIT **CORPORATION ANNUAL REPORT** 1997



FLORIDA DEPARTMENT OF STATE

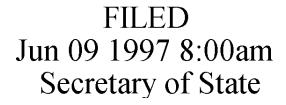
Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9600084268 (7)

PLANET EXHM CORP.

Principal	Place	of Business	
· ·····oipai		0. 000	

Mailing Address





BOCA RATON FL 83432		1629 ROYAL PALM WAY BOCA RATON FL 33432-7439							
		•			Date Incorporated or Quali 10/09/1996	ied <b>3s.</b> !	Date of Last Report		
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number		Applied For		
21		26	26		65-070053	1	Not Applicable		
Suite, Apt. #	, etc.	Suite, Apt. #, etc.					\$8.75 Additional		
22		27	27		<ol><li>Certificate of Status Desire</li></ol>	لساا	Fee Required		
City & State		City & State	•		6. Election Campaign Financi	ng	\$5.00 May Be		
23		28			Trust Fund Contribution		Added to Fees		
Zip	Country	Zip	Count	у	8. This corporation has liabilit	for intangib	e tax under s. 199.032,		
24	25	29	30		Ftorida Statutes	Yes	<b>⋈</b> No		
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent				
	PE, KATHERINE M		8	Name					
1829	ROYAL PALM WAY		8:	Street Add	dress (P.O. Box Number is Not Acc	entable)			
BOCA	A RATON FL 33432		"	- Chool rich	aread (1.0, box radinger is radi Age	plable			
			8	3					
			-	1 01					
			B4	City		FI	85 Zip Code		
11. Pursuant to office or reg agent. I am	the provisions of Sections 607. gistered agent, or both, in the St familiar with, and accept the ob-	0502 and 607.1508, Florida Stat late of Florida. Such change was bloatlons of, Section 607.0505.	tutes, the abore s authorized to Florida Statute	ve-named co by the corporates	rporation submits this statement for ation's board of directors. I hereby a				
SIGNATURE _	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<b>9</b>							
SIGNATORE	Ignature, typed or printed name of registered	dagent and title if applicable. (No	OTE: Registered A	jont signature requ	uired when reinstaling)	DATE	<del></del>		
12.	OFFICERS	AND DIRECTORS	13.		ADDITIONS/CHANGES TO (	FFICERS AN	ID DIRECTORS IN 12		
TITLE		☐ DELETE	1.1 701LE	F	President.		☐ Change 🔀 Addition		
NAME			1.2 NAME	k	latherine M. Deppi	2			
STREET ADDRESS			1.3 STREE	T ADDRESS	1029 Paral Palmi	vay			
City-St-ZIP			1.4 CITY-	ST-719 B	1629 Royal Palmil Oca Ruton FL 3	3432			
TITLE		☐ DELETE	2.1 TITLE				☐ Change ☐ Addition		
NAME			2.2 NAME	i					
STREET ADDRESS				T ADDRESS					
CITY-ST-ZIP			2. 4 DITY						
TITLE		DELETÉ	3.1 TITLE	01 211			Change Addition		
NAME			3.2 NAME						
STREET ADDRESS				1 ADDRESS					
CITY-ST-ZIP			3.4. CITY						
TITLE		DELETE	4.1 TITLE	31-211			Change Addition		
NAME			4. 2 NAME				T Augusta T Vocation		
STREET ADDRESS				T ADDRESS					
CITY-ST-ZIP									
TITLE		DELETE	4.4 CITY- 5.1 TITLE	51 - ZIP		<del></del>	☐ Change ☐ Addition		
NAME		□ ми					Change ["] Apoilion		
1			5.2 NAME						
STREET ADORESS				T ADDRESS					
CITY-ST-ZIP		DELETE	5.4 CITY-	ST-ZIP					
TITLE		☐ DELETE	6.1 TITLE				Change Addition		
NAME			6.2 NAME						
STREET ADDRESS			6.3 STREE	I ADDRESS					
CITY-ST-ZIP			6.4 CITY-	ST - ZIP					

I do 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 logal 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 chapter 6, pon an attachment with ag address.