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

DOCUMENT # 1. Corporation Name P97000059150 (7)

RUSINESS PLAN GENTERS LISA INC

DOGNA	ESO I EAN CENTERIO COA	. 110.			
Principal Plac	e of Business	Mailing Address			
3390 S OCE/	AN BLVD	3390 S OCEAN BLVD			
SUITE 506		SUITE 506			DO NOT WRITE IN THIS SPACE
PALM BEACH FL 33480 PALM BEACH FL 33480)		3. Date Incorporated or Qualified
					07/07/1997
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number Applied For
21		26			65-076 7591 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional
22		27			Fee Hequired
City & Stat	е	City & State			6. Election Campaign Financing \$5.00 May Be
Zip	Country	28 Zip	Cou	ntru	Trust Fund Contribution
24	25	29	30	юу	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
27	g, Name and Address of Curre		1001		10. Name and Address of New Registered Agent
KI	AVANS, DANIEL J			B1 Name	6
3390 S OCEAN BLVD				82 Street	et Address (P.O. Box Number is Not Acceptable)
	IITE 506			J. Sirect	(A Modross (.S. Box Marrison to Mot Mode)
PA	LM BEACH FL 33480			83	
				84 City	FL 85 Zip Code
					ed corporation submits this statement for the purpose of changing its registered
office or r	registered agent, or both, in the Stat Irm familiar with, and accept the obli	e of Florida. Such change was gations of, Section 607.0505. F	s authorized ∃lorida Stati	l by the cor ites.	orporation's board of directors. I hereby accept the appointment as registered
SIGNATURE	,	•			
	Signature, typed or printed name of registered &			Agent signatur	ure required when reinstaling) DATE
12.	OFFICERS A	ND DIRECTORS DELETE	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 P Change Addition
TITLE		L'1 occeit	1.1 TIT		
NAME OXDEEX ADDRESS			1.2 NA	VIET ADDDESS	DANGEL J. KCAVANS 3390 SO. OCEAN BIND SWITE 506
STREET ADDRESS					Palu BEACL FL 33480
CITY-ST-ZIP TITLE		DELETE	2.1 TIT	Y - ST - ZIP	Change Addition
NAME			2.2 NA		- Contract
STREET ADDRESS				REET ADDRESS	
CITY-ST-ZIP				IY-ST-ZIP	'
TITLE		DELETE	3.1 TIT		Change Addition
NAME			3.2 NA	ME	
STREET ADDRESS			3.3 STI	REET ADDRESS	3
CITY-ST-ZIP			3.4. CI	Y-ST-ZIP	
TITLE		☐ DELETE	4.1 TIT		Change Addition
NAME			4. 2 N/	ME	
STREET ADDRESS			4.3 STI	REET ADDRESS	j
CITY - ST - ZIP			4.4 CH	Y-ST-ZIP	
TITLE		☐ DELETE	5 1 TIT	.E	☐ Change ☐ Addition
NAME			52 NA	ME	(W)
STREET ADDRESS			5.3 STI	EET ADDRESS	
CITY-ST-ZIP			5.4 C(1	Y-ST-ZIP	- 1
TITLE	-	DELETE	6.1 TIT	.E	BDDDD2452288€hange □ Addition -03/19/9801062028
NAME			6.2 NA	ΛE	-03/19/9801062028
STREET ADDRESS			6.3 ST	EET ADDRESS	***150.00

14. Thereby 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

6.4 CITY-ST-ZIP

FILED

Mar 19 1998 8:00am

Secretary of State