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CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 13 PM 3:27

DOCUMENT # **S35288** **(7)**

1. Corporation Name
ACTIVITY PLANNERS, INC.

Principal Place of Business	Mailing Address
2674 S.W. 23RD TERR 340 SUNSET DR., #1104 FT. LAUDERDALE FL 33301	2674 S.W. 23RD TERR 340 SUNSET DR., #1104 FT. LAUDERDALE FL 33301

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/04/1991
3a. Date of Last Report: 04/29/1994

2. Principal Place of Business: 21 340 Sunset DR
2a. Mailing Address: 26 340 Sunset DR.

Suite, Apt. #, etc.: 22 1104
Suite, Apt. #, etc.: 27 # 1104

City & State: 23 Ft. Lauderdale, FL.
City & State: 28 Ft. Lauderdale, FL

Zip: 24 33301 County: 25 BROWARD
Zip: 29 33301 County: 30 BROWARD

4. FEI Number: 65-0245294 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

MADDOX, DONNA
340 SUNSET DR.
STE. #1104
FT. LAUDERDALE FL 33301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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: Donna Maddox, President — DATE: 3/18/95
(Signature, Typed or Printed Name of Registered Agent and Title, if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	MADDOX, DONNA	12 NAME	
STREET ADDRESS	340 SUNSET DR., #1104	13 STREET ADDRESS	
CITY ST ZIP	FT. LAUDERDALE FL 33301	14 CITY ST ZIP	
TITLE	V	21 TITLE	☐ Change ☐ Addition
NAME	MADDOX, GARY	22 NAME	
STREET ADDRESS	340 SUNSET DR., #1104	23 STREET ADDRESS	
CITY ST ZIP	FT. LAUDERDALE FL 33301	24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 added in connection with this report.

SIGNATURE: Donna Maddox 3/18/95 305-525-0553
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0200401 CP