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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # \$39210

(7)

FLORIDA PLANNING STUDIO, INC.

Mailing Address

FILED Jan 17 1997 8:00am Secretary of State



Principal Prac	e of Business	Mailing Address			blått årikte åstist fitätt årikte årikte såtte
2304 W CLEVELAND ST TAMPA FL 33809		2304 W CLEVELAND TAMPA FL 33609-3364			
US		US		3. Date Incorporated or Qualified 03/15/1991	3a. Date of Last Report 02/05/1996
2. Principal P	Place of Business 4 San Jose Circle	2a. Mailing Address 26 2304 San	Juse Circle	4. FEI Number 59-3056526	Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc	, Cose chico		\$8.75 Additional
22 Tam	DA FL	27 TampA	FL	5. Certificate of Status Desired	Fee Required
City & Stat		City & State 28 33629		6. Election Campaign Financing	\$5.00 May Be
23 336 Zip	Country	28 33429 Zip	Country *	Trust Fund Contribution	Added to Fees
24 24	25 HI/15.	29	30 Hills.	8. This corporation has liability for i	ntangible tax under s. 199.032, Yes ∷No
24	9. Name and Address of Curren		30 76777.5	10. Name and Address of New Re	,
MAL	TBY, DAVID K.		81 Name		
	4 W. CLEVELAND STREET		82 Street Addre	ess (P.O. Box Number is Not Acceptab	ie)
	TE 2200		2304		•
TAM	IPA FL 33609		83		
			84 City		85 Zip Code
			Tum	oa.	FL 85 Zip Code 29
11. Pursuant	to the provisions of Spctions 607.050	2 and 607.1508, Florida Statu	tee the above-named corfo	pration submits this statement for the pon's board of directors. I hereby accep	urpose of changing its registered
agent. La	am familiar wishind accept the obliga	ations of, Section 607.0505. Fi	lorida Statutes.	ons board or directors, thereby accep	it the appointment as registered
SIGNATURE	1				
	Signature, typed or primed name of registered age		TE: Registered Agent signature required		DATE
12.	OFFICERS ANI		13.	ADDITIONS/CHANGES TO OFFIC	
TITLE	PSDM	DELETE	1.1 YITLE		Change Addition
NAME	MALTBY, DAVID K.		1,2 NAME		
STREET ADDRESS	2304 W. CLEVELAND ST.		1.3 STREET ADDRESS		
CHTY-ST-ZIP	TAMPA FL	DELETE	1 4 CITY-ST-ZIP		Change Addition
TITLE	T Bailey, Barbara A.	☐ DETE IE	21 TITLE		Change
NAME	2304 W. CLEVELAND AVE.		2.2 NAME		
STREET ADDRESS	TAMPA FL		2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	IAMPA FL	DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE		Change Addition
NAME		peene	3.2 NAME		ET Orlango ET Apprillori
STREET ADDRESS			3.3 STREET ADDRESS		
			3.4. CITY-ST-ZIP		
CITY-ST-ZIP TITLE		DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4 2 NAME		<u> </u>
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	51 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		•
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE		DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS	ĺ		6.3 STREET ADDRESS		
CITY-ST-ZIP			6 4 CHTY-ST-ZIP		

14. 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 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:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/97 (8/3) 837-2977