

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

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 FEB 14 PM 2:15

DOCUMENT # **S44315 (7)**

1. Corporation Name

STRATEGIC PLANNING & DEVELOPMENT CORP.

Principal Place of Business

16661 PINES BLVD.
PEMBROKE PINES FL 33027
US

Mailing Address

16661 PINES BLVD
PEMBROKE PINES FL 33027
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **04/10/1991** 3a. Date of Last Report **01/31/1994**

2. Principal Place of Business 2a. Mailing Address
21 **17350 Pines Boulevard** 26 **17350 Pines Boulevard**

4. FEI Number **65-0260758** Applied For
Not Applicable

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

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

23 City & State **Pembroke Pines, FL** 28 City & State **Pembroke Pines, FL**

6. Election Campaign Financing **\$5.00 May Be Added to Fees**

24 Zip **33029** 25 Country **Broward** 29 Zip **33029** 30 Country **Broward**

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

9. Name and Address of Current Registered Agent
**SINGER, BERNARD A
4700 SHERIDAN STREET
SUITE B
HOLLYWOOD FL 33021**

10. Name and Address of New Registered Agent
81 Name **James R. Witt**
82 Street Address (P.O. Box Number is Not Acceptable) **17350 Pines Boulevard**
83
84 City **Pembroke Pines,** FL 85 Zip Code **33029**

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 for 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 *[Signature]* **James R. Witt, President** 2/7/95

12. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	WITT, JAMES R
STREET ADDRESS	16661 PINES BLVD
CITY-ST-ZIP	PEMBROKE PINES FL
TITLE	VSD
NAME	WITT, JOANNIE M
STREET ADDRESS	16661 PINES BLVD
CITY-ST-ZIP	PEMBROKE PINES FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	17350 Pines Boulevard
1.4 CITY-ST-ZIP	Pembroke Pines, FL 33029
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	17350 Pines Boulevard
2.4 CITY-ST-ZIP	Pembroke Pines, FL 33029
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.03(2)(b), 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 member of the corporation or the manager or individual empowered to receive this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attached report with an address.

SIGNATURE: *[Signature]* **JAMES R. WITT, President** 2/7/95