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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

	1998		DIVIS	Secretary of ION OF CORE		ONS		Secreta	ry o	f St	ate
1. Corporation	MENT # on Name THE PLANET,	S9961	5	(4)				* (881) by \$ 118 (8118 ) By \$ 8118 (118	-	ir Brûrr manas s	r <b>a</b> ri <b>Di</b> Øis r <b>a</b> ns
,	ce of Business		Mailing Address			_		L INSTINITA IIN INIIN ENTIN NETRI IIN	i mill mädet ütbi	1 31011 Di£i¢ Q	1641 eram (84)
1100 SW 128 TERR 1100 SW 128 TERR CAMBRIDGE U-109 CAMBRIDGE U-109 PEMBROKE PINES FL 33027 PEMBROKE PINES FL 33								DO NOT WRITI	F IN THIS S	PACE .	
FEMORONE	- FINES FL 35021		PEMONUNE P	INES PL 33UZI			  -	3. Date Incorporated or Qualified			<del></del>
3. Denoinal S	Place of Business		1 2a Mailiag Add					12/11/1991 4. FEI Number			, i.e.
21 PHICEPAIR	riace of business		2a. Mailing Add	622			'	_65-0300604		<del></del>	oplied For ot Applicable
Suite, Apt	#, etc.	· · · · · · · · · · · · · · · · · · ·	Suite, Apt. #	, etc.			1	5. Certificate of Status Desired	×		Additional
22 Chu & Clai	10		27								equired
City & Stat	ie		City & State					6. Election Campaign Financing Trust Fund Contribution	П		May Be to Fees
Zip		ountry	Zip		Country	/		8. This corporation owes or has pa	aid the curr		
24	25		29	30				Personal Property Tax due June			<b>₫</b> No
	·	ddress of Current	Hegistered Agent		81	Name		0. Name and Address of New Ro	agistered A	gent	
	ROWLAND, PETER				<u>.</u>						
1100 SW 128 TERR CAMBRIDGE U-109						Street	Address	(P.O. Box Number is Not Accepta	ble)		
	EMBROKE PINES				83	1		·	<del>- '</del>		
					84	City				85 Zip	Code
						'			<u> </u>	1 1 1	
11. Pursuant office or i	to the provisions of registered agent, or	Sections 607.0502 both, in the State of	and 607.1508, Flori f Florida, Such char	da Statutes, thi ge was autho	e abov rized b	e-named y the corp	corporation's	tion submits this statement for the solution of directors. I hereby acce	purpose of option	changing it intment as	registered registered
	am familiar with, and	accept the obligat	ons of, Section 607.	0505, Fiorida	Statute	S.					•
SIGNATURE	Signature, typed or printer	d name of registered agent	and life if applicable	(NOTE: Regi	lered Age	ent signature	required wit	nen reinstating)	PATE		
12.		OFFICERS AND			13.			ADDITIONS/CHANGES TO OFFI			
TITLE	P		Di	LETE	.1 TITLE				Į.	Change	Addition
NAME	ROWLAND,				.2 NAME						
STREET ADDRESS	1	8 TERR U-109				ADDRESS					
CITY - ST - ZIP	PEMBROKE	PINES FL	□ DE		4 CITY - S	ST - ZIP	-		<del></del>	Change	Addition
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CITY-ST-ZIP	PEMBROKE				. 4 CITY-:				v		
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CITY-ST-ZIP	PEMBROKE	PINES FL		_ 3	4. CITY-S	ST-ZIP	ļ				
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STREET ADDRESS						ADDRESS					
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STREET ADDRESS				4		ADDRESS	İ				
CITY - ST - ZIP TITLE			☐ DE		.4 CITY-S .1 TITLE	L-ZIF	<del></del>	<u></u>	<del>' - </del> [.	Change	Addition
NAME					2 NAME				_		
STREET ADDRESS						ADDRESS					1

14. I 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 any address.

954-430-0735

**FILED** 

Jan 21 1998 8:00am