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

FILED Jan 15 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State **DIVISION OF CORPORATIONS** 1998 **POCUMENT #** V10116 FIRST FINANCIAL PLANNING GROUP, INC. Principal Place of Business Mailing Address 18220 W DIXIE HWY 16499 N.E. 19TH AVE. MIAM! FL 33160 STE. 107 DO NOT WRITE IN THIS SPACE N. MIAMI BCH FL 33162 3. Date Incorporated or Qualified 01/27/1992 2. Principal Place of Business 2a. Mailing Address Applied For 65-0311219 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Zip Country Country Zip 8. This corporation owes or has paid the current year Intangible Yes Personal Property Tax due June 30. 24 29 30 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 DRYDEN, JAMES 16499 N.E. 19TH AVE. 82 Street Address (P.O. Box Number is Not Acceptable) STE. 107 83 N. MIAMI BCH FL 33162 64 City 85 Zip Code Fi 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE 1.1 TITLE Change Addition DRYDEN, JAMES NAME 1.2 NAME STREET ADDRESS 18220 W DIXIE HWY 1.3 STREET ADDRESS MIAMI FL 1.4 CITY-ST-ZIP CITY-ST-ZIF Change DELETE Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2. 4 CiTY - ST - ZiP CITY-ST-ZIP □ DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZiP 3.4. CITY - ST-ZIP DELETE ☐ Change Addition TITLE 41 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY-ST-ZIP Addition DELETÉ Change TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE ☐ Change Addition TITLE 6.1 TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

6.4 CITY-ST-ZIP

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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 receivel or trustile empowered to execute this report as required by Chapter 107, Florida Statutes; and that my name appears in Block 12 or Block 13 is charged, or on an attachment with an address.

CITY - ST - ZIF