

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

FILED
Mar 24 1997 8:00am
Secretary of State

DOCUMENT # H23951 (7)

1. Corporation Name

KAPWIN INC.

Principal Place of Business

2200 W. GLADES RD. X 100 X
BOCA RATON FL 33432 X X X

Mailing Address

2200 W. GLADES RD. X 100 X X X X X
BOCA RATON FL 33432 X X X X



3. Date Incorporated or Qualified

10/04/1984

3a. Date of Last Report

04/30/1996

2. Principal Place of Business

2a. Mailing Address

21 131 S. Federal Hwy.

26 131 S. Federal Hwy.

4. FEI Number

59-2455210

Applied For

Not Applicable

22 Suite 7

27 Suite 7

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

23 Boca Raton, FL

28 Boca Raton, FL

6. Election Campaign Financing

☐

\$5.00 May Be

Added to Fees

24 33432

Country

USA

29 33432

Country

USA

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

KAPLAN, PETER, M
2200 W. GLADES RD., STE. 1106
BOCA RATON FL 33431

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

Signature of principal officer or registered agent and the applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE

NAME
KAPLAN, PETER M.
STREET ADDRESS
20989 SOLANO WAY
CITY-ST-ZIP
BOCA RATON FL

☐ DELETE

1.2 TITLE

NAME
WINKE, CLEMENT C., JR.
STREET ADDRESS
21198 HAMLIN DRIVE
CITY-ST-ZIP
BOCA RATON FL

☐ DELETE

1.3 TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

1.4 TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

1.5 TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

1.6 TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

1.7 TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

☐ Change

☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change

☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change

☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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 or is changed, or on an attachment with an address.

SIGNATURE:

Peter M. Kaplan, President

3/17/97

561-362-4242

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0313083

CR2E034 (9/96)