

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

**FILED**  
**Mar 24 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # H23951 (7)**  
 1. Corporation Name  
**KAPWIN INC.**



Principal Place of Business <b>2200 W. GLADES ROAD, STE. 1106 X          BOCA RATON FL 33431 X X X</b>	Mailing Address <b>2200 W. GLADES ROAD, STE. 1106 X X X X X          BOCA RATON FL 33431 X X X</b>
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2. Principal Place of Business <b>21 131 S. Federal Hwy.</b> Suite, Apt #, etc <b>22 Suite 7</b> City & State <b>23 Boca Raton, FL</b> Zip Country <b>24 33432 25 USA</b>	2a. Mailing Address <b>26 131 S. Federal Hwy.</b> Suite, Apt #, etc <b>27 Suite 7</b> City & State <b>28 Boca Raton, FL</b> Zip Country <b>29 33432 30 USA</b>	3. Date Incorporated or Qualified <b>10/04/1984</b>	3a. Date of Last Report <b>04/30/1996</b>
		4. FEI Number <b>59-2455210</b>	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>KAPLAN, PETER, M          2200 W. GLADES RD., STE. 1106          BOCA RATON FL 33431</b>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Sign in the printed or printed name of registered agent and the applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>DPS</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>KAPLAN, PETER M.</b>		1.2 NAME	
STREET ADDRESS <b>20989 SOLANO WAY</b>		1.3 STREET ADDRESS	
CITY-ST-ZIP <b>BOCA RATON FL</b>		1.4 CITY-ST-ZIP	
TITLE <b>DVT</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>WINKE, CLEMENT C., JR.</b>		2.2 NAME	
STREET ADDRESS <b>21198 HAMLIN DRIVE</b>		2.3 STREET ADDRESS	
CITY-ST-ZIP <b>BOCA RATON FL</b>		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-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, unchanged, 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 #

CR2E034 (9/96)