

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

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95 MAY -1 PM 5:54

TALLAHASSEE, FLORIDA

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****225.00 ****225.00

DO NOT WRITE IN THIS SPACE

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Matham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L18275 (2)

1. Corporation Name

KW of Boca, Inc.

Principal Place of Business

Mailing Address

c/o Peter M. Kaplan
2200 W. Glades Rd., S1106
Boca Raton, FL 33431

c/o Peter M. Kaplan
2200 W. Glades Rd., S1106
Boca Raton, FL 33431

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	5a. Date of Last Report
21	26	65-0146668	4/22/94
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired ☐	Applied For ☐ Not Applicable ☐
23 City & State	28 City & State	6. Election Campaign Financing Trust Fund Contribution ☐	\$8.75 Additional Fee Required ☐ \$5.00 May Be Added to Fees ☐
24 Zip	25 Country	29 Zip	30 Country
24	25	29	30
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

Kaplan, Peter M.
20989 Solano Way
Boca Raton, FL 33433

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 607.0507 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 person or persons named as registered agent and his or her address)

(Signature of Agent (Signature required when registering)

(Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	Kaplan, Peter M.	1.2 NAME	
STREET ADDRESS	20989 Solano Way	1.3 STREET ADDRESS	
CITY, ST, ZIP	Boca Raton, FL	1.4 CITY, ST, ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	Winke, Clement C., Jr.,	2.2 NAME	
STREET ADDRESS	21198 Hamlin Dr.	2.3 STREET ADDRESS	
CITY, ST, ZIP	Boca Raton, FL	2.4 CITY, ST, ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY, ST, ZIP		3.4 CITY, ST, ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	☐ Change ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 officer 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 by an attached report with an address.

SIGNATURE:

Peter M. Kaplan, Pres.

5/4/95

407-362-4242

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number