

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

FILED
Mar 24 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **L18275**

(2)

1. Corporation Name
KW OF BOCA, INC.



Principal Place of Business C/O PETER M. KAPLAN 2200 W. GLADES BLVD. BOX 8106 BOCA RATON FL 33431 XXXXXXXXXXXXXXXXXXXX	Mailing Address C/O PETER M. KAPLAN 2200 W. GLADES BLVD. BOX 8106 BOCA RATON FL 33431 XXXXXXXXXXXXXXXXXXXX
--	--

2. Principal Place of Business 21 131 So. Federal Hwy Suite, Apt. #, etc. 22 Suite 7 City & State 23 Boca Raton, FL Zip Country 24 33432 25 USA		2a. Mailing Address 26 131 So. Federal Hwy. Suite, Apt. #, etc. 27 Suite 7 City & State 28 Boca Raton, FL Zip Country 29 33432 30 USA		3. Date Incorporated or Qualified 09/22/1989	3a. Date of Last Report 04/30/1996
9. Name and Address of Current Registered Agent KAPLAN, PETER M 20989 SOLANO WAY BOCA RATON FL 33433		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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	<input type="checkbox"/> Change <input type="checkbox"/> 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	<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		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		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		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 if changed, or on an attachment with an address.

SIGNATURE:  **Peter M. Kaplan, Pres.** 3/17/97 561-362-4242
Date Daytime Phone

CR2E034 (9/96)