

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Murdham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **L20836** (7)

1. Corporation Name  
**75 WEST PHASE II, INC.**



Principal Place of Business: **3620 NORTHWEST 97TH BLVD. GAINESVILLE FL 32606**  
Mailing Address: **3620 NORTHWEST 97TH BLVD. GAINESVILLE FL 32606**

3. Date Incorporated or Qualified: **10/05/1989**  
3a. Date of Last Report: **03/08/1995**  
4. FCI Number: **59-2970391**  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: **21 3578 NW 97 Blvd**  
22. Sub: Apt #, etc.  
23. City & State: **Gainesville FL**  
24. Zip: **32606**  
25. Country: **ALACHUA**  
2a. Mailing Address: **26 3578 NW 97 Blvd.**  
27. Sub: Apt #, etc.  
28. City & State: **GAINESVILLE FL**  
29. Zip: **32606**  
30. Country: **ALACHUA**

9. Name and Address of Current Registered Agent  
**KAPLAN-STEIN, ROBERT E.  
3620 NW 97 BLVD.  
GAINESVILLE FL 32606**

10. Name and Address of New Registered Agent  
81. Name  
82. Street Address (P.O. Box Number is Not Acceptable): **3578 NW 97 Blvd**  
83. City: **Gainesville** **FL** 85. Zip Code: **32606**

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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

12.1 NAME: <b>PS KAPLAN-STEIN, ROBERT</b>	<input type="checkbox"/> DELETE
12.2 STREET ADDRESS: <b>3620 NW 97TH BLVD. 3578 NW 97 Blvd</b>	
12.3 CITY-ST-ZIP: <b>GAINESVILLE FL</b>	
12.4 TITLE: <b>VT</b>	<input type="checkbox"/> DELETE
12.5 NAME: <b>KAPLAN-STEIN, DR. DALE</b>	
12.6 STREET ADDRESS: <b>3620 NW 97TH BLVD. 3578 NW 97 Blvd</b>	
12.7 CITY-ST-ZIP: <b>GAINESVILLE FL</b>	
12.8 TITLE: _____	<input type="checkbox"/> DELETE
12.9 NAME: _____	
12.10 STREET ADDRESS: _____	
12.11 CITY-ST-ZIP: _____	
12.12 TITLE: _____	<input type="checkbox"/> DELETE
12.13 NAME: _____	
12.14 STREET ADDRESS: _____	
12.15 CITY-ST-ZIP: _____	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

13.1 NAME: <b>PS KAPLAN-STEIN, ROBERT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 STREET ADDRESS: <b>3578 NW 97 Blvd</b>	
13.3 CITY-ST-ZIP: <b>Gainesville, FL 32606</b>	
13.4 TITLE: <b>VT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
13.5 NAME: <b>KAPLAN-STEIN, DR. DALE</b>	
13.6 STREET ADDRESS: <b>3578 NW 97 BLVD</b>	
13.7 CITY-ST-ZIP: <b>Gainesville, FL 32606</b>	
13.8 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.9 NAME: _____	
13.10 STREET ADDRESS: _____	
13.11 CITY-ST-ZIP: _____	
13.12 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.13 NAME: _____	
13.14 STREET ADDRESS: _____	
13.15 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(4)(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 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 as an attachment with an address.

SIGNATURE: *Dale Kaplan*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/96

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