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May 08 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # L31927 (1)**  
 1. Corporation Name  
**KAPLAN & GAYLORD, P.A., ATTORNEYS AT LAW**



Principal Place of Business <b>4000 N FEDERAL HWY SUITE 000B BOCA RATON FL 33421</b>	Mailing Address <b>4000 N FEDERAL HWY SUITE 000B BOCA RATON FL 33431-5145</b>
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2. Principal Place of Business 21 <b>7601 N. FEDERAL HWY.</b> Suite, Apt. #, etc. <b>230B</b> City & State 23 <b>BOCA RATON, FL.</b> Zip Country 24 <b>33487</b> 25 <b>USA</b>		2a. Mailing Address 26 <b>7601 N. FEDERAL HWY</b> Suite, Apt. #, etc. <b>230B</b> City & State 28 <b>BOCA RATON, FL.</b> Zip Country 29 <b>33487</b> 30 <b>USA</b>		3. Date Incorporated or Qualified <b>11/20/1989</b>	3a. Date of Last Report <b>08/23/1996</b>
		4. FEI Number <b>65-0230383</b>		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

g. Name and Address of Current Registered Agent <b>GAYLORD, MARC R 4000 N FEDERAL HWY SUITE 000B BOCA RATON FL 33431</b>		10. Name and Address of New Registered Agent 81 Name <b>GAYLORD, MARC R.</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>7601 N. FEDERAL HWY.</b> 83 <b>230B</b> 84 City <b>BOCA RATON</b> FL 85 Zip Code <b>33487</b>	
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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: *[Signature]* DATE: **4-24-97**  
Signature typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KAPLAN, WAYNE</b>	1.2 NAME	<b>KAPLAN, WAYNE</b>
STREET ADDRESS	<b>5570 N COACH HOUSE CIRCLE</b>	1.3 STREET ADDRESS	<b>6202 VISTA LINDA LANE</b>
CITY-ST-ZIP	<b>BOCA RATON FL</b>	1.4 CITY-ST-ZIP	<b>BOCA RATON, FL 33433</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GAYLORD, MARC R</b>	2.2 NAME	<b>GAYLORD, MARC R.</b>
STREET ADDRESS	<b>17005 NEWPORT CLUB DR.</b>	2.3 STREET ADDRESS	<b>9244 S.E. MYSTIC COUNTRY BLVD.</b>
CITY-ST-ZIP	<b>BOCA RATON FL</b>	2.4 CITY-ST-ZIP	<b>HOBE SOUND, FL. 33455</b>
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)(f), 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: *[Signature]* **MARC GAYLORD** DATE: **4-24-97** DAYTIME PHONE: **561-997-2880**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)