


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

FILED

May 15 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L68495

(5) 4/21/97

1. Corporation Name  
~~ELI M. KOLP, P.A.~~ ATTN.: THE NAME OF CORPORATION HAS BEEN  
CHANGED TO XXXXXXXXXX (SEE ATTACHMENT).



Principal Place of Business 14550 BRUCE B. DOWNS BLVD #229 TAMPA FL 33613 US	Mailing Address 14550 BRUCE B. DOWNS BLVD #229 LUTZ FL 33613-2735 US
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3. Date Incorporated or Qualified 04/26/1990	3a. Date of Last Report 04/04/1996
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2. Principal Place of Business 21 3105 West Waters Avenue Suite, Apt #, etc. 22 Suite 300 City & State 23 Tampa Zip 24 33614 Country 25 Hillsborough	2a. Mailing Address 26 16034 Penwood Drive Suite, Apt #, etc. 27 City & State 28 Tampa Zip 29 33647 Country 30 Hillsborough
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4. FEI Number 59-3010780	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 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	

9. Name and Address of Current Registered Agent  
KOLP, ELI  
14550 BRUCE B. DOWNS BLVD  
#229  
TAMPA FL 33613

10. Name and Address of New Registered Agent 81 Name KOLP, ELI 82 Street Address (P.O. Box Number is Not Acceptable) 16034 Penwood Drive, North 83 84 City Tampa FL 85 Zip Code 33647-1137
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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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	DP <input checked="" type="checkbox"/> DELETE
NAME	KOLP, ELI M
STREET ADDRESS	14550 BRUCE B. DOWNS BLVD, APT 229
CITY-ST-ZIP	TAMPA FL
TITLE	V <input checked="" type="checkbox"/> DELETE
NAME	KOLPAKCHI, MORDEKHAI I.
STREET ADDRESS	14550 BRUCE B. DOWNS BLVD
CITY-ST-ZIP	TAMPA FL
TITLE	DST <input checked="" type="checkbox"/> DELETE
NAME	KOLPAKCHI, ZENAIDA V.
STREET ADDRESS	14550 BRUCE B. DOWN BLVD, APT 229
CITY-ST-ZIP	TAMPA FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	DIRECTOR/PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	KOLP, ELI
1.3 STREET ADDRESS	16034 PENWOOD DRIVE, NORTH
1.4 CITY-ST-ZIP	TAMPA, FLORIDA 33647-1137
2.1 TITLE	VICE-PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	KOLPAKCHI, MORDEKHAI
2.3 STREET ADDRESS	14550 BRUCE B. DOWNS BLVD., APT.#229
2.4 CITY-ST-ZIP	TAMPA, FLORIDA 33613
3.1 TITLE	SECRETARY/TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	KOLPAKCHI, ZENAIDA
3.3 STREET ADDRESS	14550 BRUCE B. DOWNS BLVD., APT.#229
3.4 CITY-ST-ZIP	TAMPA, FLORIDA 33613
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	900002193339
5.3 STREET ADDRESS	-05/28/97--01062--001
5.4 CITY-ST-ZIP	***165.00
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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, handwritten, or on an attachment with an address.

SIGNATURE:  ELI KOLP, DIRECTOR 04/15/97 (813) 935-5433

CR2E034 (9/96)

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF INCORPORATION  
OF**

**FILED**  
**97 APR 21 AM 9:24**  
**SECRETARY OF STATE**  
**TALLAHASSEE FLORIDA**

**ELI M. KOLP, P.A.**

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**(present name)**

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*Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida profit corporation adopts the following articles of amendment to its articles of incorporation:*

**FIRST: Amendment(s) adopted: (Indicate article number(s) being amended, added or deleted)**

**ARTICLE I**

**The name of the corporation shall be changed  
from ELI M. KOLP, P.A.  
to THE KOLP INSTITUTE INC.**

**SECOND:** If an amendment provides for an exchange, reclassification or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself, are as follows:

**N/A**

**THIRD:** The date of each amendment's adoption: April 15, 1997

**FOURTH:** Adoption of Amendment(s) (CHECK ONE)

- ☒ The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) was/were sufficient for approval.
- ☐ The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):*

"The number of votes cast for the amendment(s) was/were sufficient for approval by \_\_\_\_\_ voting group."

- ☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
- ☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Signed this 15<sup>th</sup> day of April, 19 97

Signature



(By the Chairman or Vice Chairman of the Board of Directors, President or other officer if adopted by the shareholders)

OR

(By a director if adopted by the directors)

OR

(By an incorporator if adopted by the incorporators)

ELI KOLP

Typed or printed name

PRESIDENT

Title