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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT <b>1994</b>		FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS
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1. Corporation Name <b>K SPORT, INC.</b>	DOCUMENT # <b>L94219 (7)</b>
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Mailing Address <b>1560 NE 108TH STREET NORTH MIAMI BEACH FL 33161</b>	Principal Place of Business <b>4600 NE 100TH STREET NORTH MIAMI BEACH FL 33161</b>
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If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. Mailing Address 21	2a. Principal Place of Business 26 <b>6137 NW 167TH STREET</b>
State, Apt. #, etc. 22	Suite, Apt. #, etc. 27 <b>UNIT H7</b>
City & State 23	City & State 28 <b>MIAMI FL</b>
Zip 24	Country 29 <b>USA</b>

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>08/17/1990</b>	3a. Date of Last Report <b>05/20/1993</b>
4. FEI Number <b>65-0254756</b>	Applied For Net Applicable
5. Certificate of Status Desired <b>\$3.75 Additional Fee Required</b> <input type="checkbox"/>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
7. Nonprofit Exempt from \$138.75 Supplemental Fee <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**MUSKAT, ARNIE S. ESQUIRE  
16855 N.E. 2ND AVENUE  
SUITE 305  
NORTH MIAMI BEACH FL 33162**

10. Name and Address of New Registered Agent

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
			<b>FL</b>	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

11 TITLE	<b>P/D</b>
12 NAME	<b>KAPLAN, WARREN A.</b>
13 STREET ADDRESS	<b>6716 N.E. 100TH ST-202</b>
14 CITY-ST-ZIP	<b>NORTH MIAMI BCH FL</b>
21 TITLE	<b>S/T/D</b>
22 NAME	<b>KAPLAN, ADA M.</b>
23 STREET ADDRESS	<b>6716 N.E. 100TH ST-202</b>
24 CITY-ST-ZIP	<b>NORTH MIAMI BCH FL</b>
31 TITLE	
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

13. CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	
12 NAME	
13 STREET ADDRESS	<b>1560 NE 108TH STREET</b>
14 CITY-ST-ZIP	<b>MIAMI, FL 33161</b>
21 TITLE	
22 NAME	
23 STREET ADDRESS	<b>1560 NE 108TH STREET</b>
24 CITY-ST-ZIP	<b>MIAMI, FL 33161</b>
31 TITLE	
32 NAME	
33 STREET ADDRESS	<b>600001420546</b>
34 CITY-ST-ZIP	<b>-03/03/95--01039--016</b>
	<b>****200.00 ****200.00</b>
41 TITLE	
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 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 110.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 110.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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. I have fulfilled all obligations concerning information properly imposed by Chapter 717, Florida Statutes; 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 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **WARREN A. KAPLAN** 2/1/95 305 819 2888  
(PRINT NAME AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)