

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # M03996 (9)

1. Corporation Name
KATE'S PLACE, INC.

Principal Place of Business
9876 W SAMPLE RD.
CORAL SPRINGS FL 33065

Mailing Address
9876 W SAMPLE RD.
CORAL SPRINGS FL 33065-4006

FILED
May 06 1997 8:00am
Secretary of State



2. Principal Place of Business
21 10074 W. SAMPLE RD.

2a. Mailing Address
26 10078 W. SAMPLE RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State
23 CORAL SPRINGS FL

27 City & State
28 CORAL SPRINGS FL

24 Zip Country
25 33065 BROWARD

29 Zip Country
30 33065 BROWARD

9. Name and Address of Current Registered Agent

KAPLAN, DOUGLAS C. (ESQ)
2435 HOLLYWOOD BLVD
HOLLYWOOD FL 33020

3. Date Incorporated or Qualified
08/15/1984

3a. Date of Last Report
05/01/1996

4. FEI Number
59-2439589

Applied For
Not Applicable

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

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

Signature, typed or printed name of registered agent and title if applicable

(NOT: Registered Agent signature required when reconstituting)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME GELLER, EDWIN I.
STREET ADDRESS 3501 N. KEYSER AVE. V-28
CITY-ST-ZIP HOLLYWOOD FL

☐ DELETE

TITLE VD
NAME GELLER, KATE
STREET ADDRESS 2821 SOMERSET DR. #107A
CITY-ST-ZIP LAUDEDALE LAKES FL

☐ DELETE

TITLE STD
NAME GELLER, MARGARET
STREET ADDRESS 3501 N. KEYSER AVE. V-28
CITY-ST-ZIP HOLLYWOOD FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 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 addition with an address.

CR2E034 (9/96)