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May 08 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # M90744 (7)

1. Corporation Name
KAPLAN & GAYLORD, P.A.

Principal Place of Business
4800 NORTH FEDERAL HWY, SUITE 300-B
BOCA RATON FL 33431-5145

Mailing Address
4800 NORTH FEDERAL HWY, SUITE 300-B
BOCA RATON FL 33431-5145



2. Principal Place of Business
21 7601 N. FEDERAL HWY
Suite, Apt. #, etc.
22 2303
City & State
23 BOCA RATON, FL.
Zip Country
24 33487 25 USA

2a. Mailing Address
26 7601 N. FEDERAL HWY
Suite, Apt. #, etc.
27 2303
City & State
28 BOCA RATON, FL.
Zip Country
29 33487 30 USA

3. Date Incorporated or Qualified 07/25/1988
3a. Date of Last Report 08/23/1996
4. FEI Number 65-0069447
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

9. Name and Address of Current Registered Agent

GAYLORD, MARC R
4800 NORTH FEDERAL HWY, SUITE 300-B
BOCA RATON FL 33431

10. Name and Address of New Registered Agent

81 Name GAYLORD, MARC R.
82 Street Address (P.O. Box Number is Not Acceptable)
83 7601 N. FEDERAL HWY
84 2303
85 City BOCA RATON FL Zip Code 33487

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 607.1505, Florida Statutes.

SIGNATURE *[Signature]* DATE 4-24-97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D
NAME	KAPLAN, WAYNE	1.2 NAME	KAPLAN, WAYNE
STREET ADDRESS	5570 H COACH HOUSE CIRCLE	1.3 STREET ADDRESS	6202 USTA LINDA LANE
CITY-ST-ZIP	BOCA RATON FL	1.4 CITY-ST-ZIP	BOCA RATON, FL 33433
TITLE	D	2.1 TITLE	D
NAME	GAYLORD, MARC R	2.2 NAME	GAYLORD, MARC R.
STREET ADDRESS	17005 NEWPORT CLUB DRIVE	2.3 STREET ADDRESS	9244 S.E. MYSTIC COUNTRY
CITY-ST-ZIP	BOCA RATON FL	2.4 CITY-ST-ZIP	4032 SOUND, FL 33455
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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)(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 attachment with an address.

SIGNATURE: *[Signature]* DATE 4-24-97 DAYTIME PHONE # 561-997-8880
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)