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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M90744

(7)

KAPLAN & GAYLORD, P.A.

Principal Place of Business

Mailing Address

FILED May 08 1997 8:00am Secretary of State



4900 NORTH F BOCA RATON	EDERAL HWY: SUITE 500 FL-33431.5145	6	4900 NORTH FEDERAL BOCA-NATON FL-23431					
					Date Incorporated or Qualified 07/25/1988	3a. Date of 08/23/1		port
2. Principal Place of Business			2a. Mailing Address		4. FEI Number			lied For
المال	N. FEDER	Lane	26 7601 N. 1	TODAL HU	45-0069447]	Not	Applicable
Suite, Apt. #, etc			Suite, Apt. #, etc.		5. Certificate of Status Desired	T	\$8.75 Additional Fee Required	
City & State		<u>.</u> .	City & State	mai, Fi.	Election Campaign Financing Trust Fund Contribution		5.00 h	
^{Ζφ} 3348	Country		Zip 20 3348 7	Country 30 USA	This corporation has liability for Florida Statutes	r intangible tax u		199.032,
,	g, Name and Addres	s of Current Re	gistered Agent		10. Name and Address of New F	tegistered Agent	t	
4900	(LORD, MARC R 9 North Federal 1 9 4 Raton FL 8243 3_		6·B**		Address (P.O. Box Number is Not Accept	FL 85	Zip C	ode
1. Pursuant to office or reagent. La	to the provisions of Secti egistered agent, or both	ons 607.0502 an in the State of F	d 607.1508, Florida Si	tutes, the above-named of authorized by the corp	corporation submits this statement for the coration's board of directors. I hereby accoration's		iging its ient as r	registered egistered
	rn familiar with and acce	opt the foligation	ns 11, Section 607, 595,	Florida Statutes.		4-24	-	•
SIGNATURE	rn familiar with and acce	1.	Mel	Florida Statutes. OTE Registered Agent signature i	required when reinstating)	DAYE DAYE	ريعن	7
SIGNATURE	Signature, typed or printed name	1.	d tite if popicable. (A		required when reinstating) ADDITIONS/CHANGES TO OFF	DATE ICERS AND DIRE	CTORS	7 3 IN 12
SIGNATURE	Signature, typed or printed name Of	registered agent and	d title if piplicable. (A	OTE: Registered Agent signature r	required when reinstating)	DAYE DAYE	CTORS	7
SIGNATURE 12.	Signature, typed or printed name OF D KAPLAN, WAYNE	FICERS AND DI	d tite if popicable. (A	IOTE: Registered Agent signature in 13.	required when reinstating) ADDITIONS/CHANGES TO OFF	DAYE ICERS AND DIRE	CTORS	7 3 IN 12
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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 emporated 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 appears.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-97 56-997-8880