

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jul 30, 2004  
Secretary of State**

DOCUMENT# N02000008101

Entity Name: THE LILLIAN JEAN KAPLAN FOUNDATION, INC.

**Current Principal Place of Business:**

901 CYPRESS GROVE DRIVE SUITE 201  
POMPANO BEACH, FL 33069

**New Principal Place of Business:**

**Current Mailing Address:**

901 CYPRESS GROVE DRIVE SUITE 201  
POMPANO BEACH, FL 33069

**New Mailing Address:**

FEI Number: 30-0127083      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BORKSON, ELLIOT P ESQ  
1313 S. ANDREWS AVE.  
FORT LAUDERDALE, FL 33316      US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: AGUIAR, GUMA  
Address: 901 CYPRESS GROVE DRIVE SUITE 201  
City-St-Zip: POMPANO BEACH, FL 33069

Title: D      ( ) Delete  
Name: DENISON, ROBERT  
Address: 801 S.E. 9TH ST.  
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: D      ( ) Delete  
Name: MAGER, SCOTT  
Address: 1 E. BROWARD BLVD. SUITE 1400  
City-St-Zip: FORT LAUDERDALE, FL 33301

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D      (X) Change ( ) Addition  
Name: AGUIAR, GUMA  
Address: 802 N.E. 20TH AVE  
City-St-Zip: FT.LAUDERDALE, FL 33304

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GUMA AGUIAR

D

07/30/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date