

FILE NOW: FILING FEE AFTER MAY 1 IS \$165.00

CORPORATION
ANNUAL REPORT
1995



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

FILED

95 JUL 26 PM 2:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N19073 (8)

1. Corporation Name

OPTIPLAN, INC.

000001548020

-07/27/95--01078--003

****163.75 ****163.75

DO NOT WRITE IN THIS SPACE

Principal Place of Business

6500 N.W. 15TH AVENUE #100
FT. LAUDERDALE FL 33309

Mailing Address

6500 N.W. 15TH AVENUE #100
FT. LAUDERDALE FL 33309

3. Date Incorporated or Qualified

02/03/1987

3a. Date of Last Report

07/26/1994

4. FEI Number

65-0002042

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

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

County

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

County

29

30

9. Name and Address of Current Registered Agent

BURGER, ALAN M. ESQ. PA
99090 SW 77TH AVE.
PENTHOUSE 5
MIAMI FL 33156

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 of Registered Agent or Registered Agent and Officer, if applicable)

(Signature of Agent (Signature Required when Necessary))

(Date)

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

PD
KAPLAN, JAN
6500 NW 15TH AVE.
FT. LAUDERDALE FL

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

D
GINSBERG, BARRY
6500 NW 15TH AVENUE
FT. LAUDERDALE FL

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

D
KIRSCHSNBAUM, BERNARD
6500 NW 15TH AVE.
FT. LAUD FL

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

D
KOEPNIK, LANCE
6500 NW 15TH AVE
FT. LAUD FL

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

D
GLICK, MARC
6500 NW 15TH AVE.
FT. LAUD FL

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY, ST, ZIP

☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY, ST, ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY, ST, ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY, ST, ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY, ST, ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY, ST, ZIP

☐ Change ☐ Addition

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)(b), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Jan Kaplan
SIGNATURE AND TYPE ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/14/95

Date

305-978-0400

Chapter 617, Florida Statutes