

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N19073 (8)

1. Corporation Name

OPTIPLAN, INC.



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
07/26/1995

2. Principal Place of Business

21 2424 N. Federal Highway

22 Suite, Apt. #, etc.
Suite 362

23 City & State

Boca Raton, FL

24 Zip

33431

Country

U.S.

2a. Mailing Address

26 2424 N. Federal Highway

27 Suite, Apt. #, etc.
Suite 362

28 City & State

Boca Raton, FL

29 Zip

33431

Country

U.S.

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

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

9. Name and Address of Current Registered Agent

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

81 Name Kathryn Dillon

82 Street Address (P.O. Box Number is Not Acceptable)
2424 N. Federal Highway

83 Suite 362

84 City Boca Raton

FL

85 Zip Code
33431

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Kathryn Dillon

KATHRYN DILLON

06/10/96

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME KAPLAN, JAN
STREET ADDRESS 6500 NW 15TH AVE.
CITY-ST-ZIP FT. LAUDERDALE FL ☐ DELETE

TITLE D
NAME GINSBERG, BARRY
STREET ADDRESS 6500 NW 15TH AVENUE
CITY-ST-ZIP FT. LAUDERDALE FL ☐ DELETE

TITLE D
NAME KIRSCHSNBAUM, BERNARD
STREET ADDRESS 6500 NW 15TH AVE.
CITY-ST-ZIP FT. LAUD FL ☐ DELETE

TITLE D
NAME KOEPNIK, LANCE
STREET ADDRESS 6500 NW 15TH AVE
CITY-ST-ZIP FT. LAUD FL ☐ DELETE

TITLE D
NAME GLICK, MARC
STREET ADDRESS 6500 NW 15TH AVE.
CITY-ST-ZIP FT. LAUD FL ☐ DELETE

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)