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Feb 18 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # N28489 (5)

1. Corporation Name

ANDY KAPLAN CHILDREN'S FOUNDATION, INC.



Principal Place of Business

%JEFFREY KAPLAN  
1448 N.W. 105TH AVE.  
PLANTATION FL 33322

Mailing Address

%JEFFREY KAPLAN  
1448 N.W. 105TH AVE.  
PLANTATION FL 33322-6800

3. Date Incorporated or Qualified  
09/22/1988

3a. Date of Last Report  
06/04/1996

2. Principal Place of Business

21 10441 NW 17 ST  
Suite, Apt. #, etc.

2a. Mailing Address

26 10441 NW 17 ST  
Suite, Apt. #, etc.

4. FEI Number  
65-0074875

Applied For  
Not Applicable

22

27

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

City & State

23 Plantation FL

City & State

28 Plantation FL

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

Zip

24 33322

Country

25 USA

Zip

29 33322

Country

30 USA

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KAPLAN, JEFFREY  
1448 N.W. 105TH AVE.  
PLANTATION FL 33322

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 10441 NW 17 ST

84

City Plantation

FL

85 Zip Code 33322

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PSD ☐ DELETE  
NAME KAPLAN, JEFFREY  
STREET ADDRESS 1448 N.W. 105TH AVENUE  
CITY - ST - ZIP PLANTATION FL

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS 10441 NW 17 ST  
1.4 CITY - ST - ZIP Plantation FL

TITLE D ☐ DELETE  
NAME KAPLAN, JOEL  
STREET ADDRESS 10441 NW 17TH STREET  
CITY - ST - ZIP PLANTATION FL

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

TITLE D ☐ DELETE  
NAME WERNER, GWEN  
STREET ADDRESS 4951 NW 72ND AVENUE  
CITY - ST - ZIP LAUDERHILL FL

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0037039

CR2E037 (9/96)