

# 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 # N41768**

**(5)**

1. Corporation Name

**75 WEST II MAINTENANCE, INC.**



Principal Place of Business

Mailing Address

**3620 NW 97TH BLVD  
GAINESVILLE FL 32606**

**3620 NW 97TH BLVD  
GAINESVILLE FL 32606**

3. Date Incorporated or Qualified  
**01/23/1991**

3a. Date of Last Report  
**03/21/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

4. FEI Number  
**59-3104308**

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

10. Name and Address of New Registered Agent

**KAPLAN-STEIN, ROBERT  
3620 NW 97 BLVD  
GAINESVILLE FL 32606**

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 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

TITLE **PD** ☐ DELETE  
NAME **KAPLAN-STEIN, ROBERT**  
STREET ADDRESS **3620 NW 97TH BLVD**  
CITY-ST-ZIP **GAINESVILLE FL**

TITLE **D** ☐ DELETE  
NAME **KAPLAN-STEIN, DALE DR.**  
STREET ADDRESS **3620 NW 97TH BLVD**  
CITY-ST-ZIP **GAINESVILLE FL**

TITLE **D** ☐ DELETE  
NAME **KAPLAN, ROBERT M**  
STREET ADDRESS **1670 N NEWPORT RD**  
CITY-ST-ZIP **HOFFMAN ESTATES IL**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **Same** ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS **3578 NW 97 BLVD**  
1.4 CITY-ST-ZIP

2.1 TITLE **Same** ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS **3578 NW 97 Blvd**  
2.4 CITY-ST-ZIP

3.1 TITLE **Same** ☒ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS **675 NORTH COURT, SUITE 490**  
3.4 CITY-ST-ZIP **PALATINE, ILLINOIS 60067**

4.1 TITLE **D** ☐ Change ☒ Addition  
4.2 NAME **James Bacus**  
4.3 STREET ADDRESS **2411 NW 41 St.**  
4.4 CITY-ST-ZIP **Gainesville, FL 32606**

5.1 TITLE **D** ☐ Change ☒ Addition  
5.2 NAME **Wayne James**  
5.3 STREET ADDRESS **3534 NW 97 BLVD**  
5.4 CITY-ST-ZIP **Gainesville, FL 32606**

6.1 TITLE  
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:

*Dale Kaplan*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-15-96**  
Date

**352-332-0401**  
Daytime Phone #

CR2E037 (12/95)