

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Mar 18 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P93000022430 (1)**

1. Corporation Name  
**BURT CAPLAN, P.A.**



Principal Place of Business <b>10751 KING GEORGE LANE</b> <del>SUITE 01</del> <b>NAPLES FL 33942</b> <b>US</b>	Mailing Address <b>10751 KING GEORGE LN</b> <del>1107</del> <b>NAPLES FL 34109-1589</b> <b>US</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 <b>34109-1589</b> 25	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 <b>34109-1589</b> 30
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3. Date Incorporated or Qualified <b>03/22/1993</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>65-0402374</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>BURT CAPLAN</b> <del>800 6TH AVENUE, SOUTH</del> <b>10751 KING GEORGE LANE</b> <b>NAPLES FL 33942</b>
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10. Name and Address of New Registered Agent 81 Name <b>BURTON A. CAPLAN</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>10751 KING GEORGE LN</b> 83 84 City <b>NAPLES</b>	85 Zip Code <b>FL 34109-1589</b>
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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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *X* *Burt Caplan* DATE *X* *3/14/97*

12. OFFICERS AND DIRECTORS	
TITLE <b>P</b> NAME <b>CAPLAN, BURT</b> STREET ADDRESS <b>10751 KING GEORGE LN</b> CITY-ST-ZIP <b>NAPLES F</b>	<input type="checkbox"/> DELETE
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP 	<input type="checkbox"/> DELETE
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP 	<input type="checkbox"/> DELETE
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP 	<input type="checkbox"/> DELETE
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP 	<input type="checkbox"/> DELETE
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP 	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME <b>CAPLAN, BURTON A.</b> 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP <b>NAPLES, FL 34109-1589</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: *X* *Burt Caplan* **BURTON A. CAPLAN** *X* *3/14/97* **(941)598-3663**

CR2E034 (9/96)