


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

FILED

Apr 30 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000022430 (1)

1. Corporation Name

BURT CAPLAN, P.A.

Principal Place of Business

10751 KING GEORGE LANE  
NAPLES FL 34109-1580  
US

Mailing Address

10751 KING GEORGE LN  
NAPLES FL 33942-509  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 6829 SATINLEAF RD. S.	26 6829 SATINLEAF RD. S.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 201	27 201
City & State	City & State
23 NAPLES	28 NAPLES
Zip	Zip
24 34109	29 34109
Country	Country
25 COLLIER	30 COLLIER

3. Date Incorporated or Qualified

03/22/1993

4. FEI Number

65-0402374

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CAPLAN, BURTON A  
10751 KING GEORGE LANE  
10751 KING GEORGE LANE  
NAPLES FL 34109

10. Name and Address of New Registered Agent

81 Name	CAPLAN, BURTON A.
82 Street Address (P.O. Box Number is Not Acceptable)	6829 SATINLEAF RD. S. # 201
83	6829 SATINLEAF RD. S. # 201
84 City	NAPLES
85 FL	86 Zip Code
	34109

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, 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	P	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAPLAN, BURTON A	1.2 NAME	
STREET ADDRESS	10751 KING GEORGE LN	1.3 STREET ADDRESS	6829 SATINLEAF RD. S. # 201
CITY - ST - ZIP	NAPLES FL	1.4 CITY - ST - ZIP	NAPLES, FL 34109
TITLE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I 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:

*Burt Caplan*

4/25/98 941 591 2241

CR2E034 (1/98)