

FILED

May 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # P93000086865 (1)

1. Corporation Name
KUPERMAN HOLDINGS, INC.

Principal Place of Business	Mailing Address
5821 NORTH ANDREWS WAY FORT LAUDERDALE FL 33309 US	5821 NORTH ANDREWS WAY FORT LAUDERDALE FL 33309-2359 US

2. Principal Place of Business		2a. Mailing Address	
21	1301 W. Copans Rd. Suite, Apt. #, etc. G4	26	1301 W. Copans Rd. Suite, Apt. #, etc. G4
22	City & State Pompano Beach, FL	27	City & State Pompano Beach, FL
23	Zip 33064	28	Zip 33064
25	Country US	30	Country US

3. Date Incorporated or Qualified 12/15/1993		3a. Date of Last Report 05/01/1996	
4. FEI Number 65-0457001		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	
SABRA, RICHARD B SABRA & LIPTON P.A. 3325 HOLLYWOOD BLVD., SUITE 500 HOLLYWOOD FL 33021	81 Name
	82 Street Address
	83
	84 City

10. Name and Address of New Registered Agent

ss (P.O. Box Number is Not Acceptable)

FL 85 Zip Code

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

(NOI) - Registered Agent signature required when reinstating.

[2A]t

12. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P KUPERMAN, CRAIG 1946 NORTHWEST 83RD DRIVE CORAL SPRINGS FL	☐ DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TS KUPERMAN, CRAIG 1946 NORTHWEST 83 DRIVE CORAL SPRINGS FL	☐ DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ DELETE

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 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:

4/29/97 (954) 975-3474

CP2E034 (9/96)