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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P93000086865 (1)

KUPERMAN HOLDINGS, INC.

Principal Place of Business Mailing Address 1301 W COPANS RD 1301 W COPAND RD #64 DO NOT WRITE IN THIS SPACE POMPANO BCH FL 33064 POMPANO BCH FL 33064 3. Date Incorporated or Qualified 12/15/1993 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-045700 21 Not Applicable Suite, Apt. #, etc. Suito, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Country This corporation owes or has paid the current year Intangible ☐ Yes 24 Personal Property Tax due June 30. 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SABRA, RICHARD B SABRA & LIPTON P.A. Street Address (P.O. Box Number is Not Acceptable) 3325 HOLLYWOOD BLVD., SUITE 500 HOLLYWOOD FL 33021 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 Stonature, typed or printed name of registering agent and title if applicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 1.1 TOTLE KUPERMAN, CRAIG NAME 1.2 NAME 1946 NORTHWEST 83RD DRIVE STREET ADDRESS 1.3 STREET ADDRESS CORAL SPRINGS FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE KUPERMAN, CRAIG NAME 2.2 NAME 1948 NORTHWEST 83 DRIVE 2.3 STREET ADDRESS STREET ADDRESS **CORAL SPRINGS FL** CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change ■ Addition 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE Change Addition NAME 5 2 NAME STREET ADDRESS 5 3 STREET ADDRESS

14. Thereby 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 is 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 occurrence 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 occurrence 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 occurrence 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 occurrence 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 occurrence 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 occurrence 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 occurrence 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 occurrence 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 occurrence 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 occurrence 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 occurrence is true and accurate and that my signature shall have the same legal effect as if made under oath a

6.1 TITLE

6.2 NAME

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

DELETE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

4/24/98

9541975-3474

Change

Addition

**FILED** 

May 05 1998 8:00am

Secretary of State