

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P94000001314 (1)

1. Corporation Name

KAPLAN, RYON & ASSOCIATES, INC.



Principal Place of Business

10924 SW 134 COURT  
2 S BISCAYNE BOULEVARD  
MIAMI FL 33186  
US

Mailing Address

10924 SW 134 COURT  
2 S BISCAYNE BOULEVARD  
MIAMI FL 33186  
US

2. Principal Place of Business

2a. Mailing Address

21 10924 SW 134 COURT

26 10924 SW 134 COURT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 MIAMI, FLORIDA

28 MIAMI, FLORIDA

24

Zip 33186

Country USA

29 Zip 33186

Country USA

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified  
01/06/1994

3a. Date of Last Report  
02/08/1995

4. FEI Number  
65-0474003

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

10. Name and Address of New Registered Agent

TANEN, JEFFREY S  
ONE BISCAYNE TOWER - SUITE 3250  
2 S BISCAYNE BOULEVARD  
MIAMI FL 33131

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 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

*Seymour Kaplan*

SEYMOUR KAPLAN

April 22, 1996

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DT  
NAME RYON, THOMAS N. JR.  
STREET ADDRESS 3877 ESTEPONA AVE.  
CITY-ST-ZIP MIAMI FL ☒ DELETE

11 TITLE  
12 NAME S/T  
13 STREET ADDRESS SEYMOUR J. KAPLAN  
14 CITY-ST-ZIP 10924 SW 134 COURT  
MIAMI, FL. 33186 ☐ Change ☒ Addition

TITLE P  
NAME KAPLAN, SEYMOUR  
STREET ADDRESS 10924 SW 134 COURT  
CITY-ST-ZIP MIAMI FL ☐ DELETE

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP ☐ Change ☐ Addition

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

SIGNATURE:

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

SEYMOUR KAPLAN 4-22-96 (305) 382-4966

CR2E034 (12/95)