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

FILED Apr 21 1998 8:00am PROFIT ELORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State **DIVISION OF CORPORATIONS** 1998 DOCUMENT # P94000032773 (1) RICHARD J. KAPLAN, P.A. Principal Place of Business Mailing Address 1999 UNIVERSITY DR SUITE 402 1999 UNIVERSITY DR SUITE 402 **CORAL SPRINGS FL 33071** CORAL SPRINGS FL 33071 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/28/1994 2. Principal Place of Business 2a, Mailing Address Applied For 21 26 65-0485466 Not Applicable Suite Apt # etc. Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5,00 May Be Added to Fees 26 Trust Fund Contribution 23 Zιρ Zip Country Country This corporation owes or has paid the curre year Intangible □No 24 25 29 30 Personal Property Tax due June 30. Yes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name KAPLAN, RICHARD J ESQ. 1999 UNIVERSITY OR SUITE 402 82 Street Address (P.O. Box Number is Not Acceptable) CORAL SPRINGS FL 33071 83 84 City Zip Code 85 11. Pursuant to the provisions of Soctions 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Addition PSTD Change TITLE 1.1 TITLE KAPLAN, RICHARD J NAME 1.2 NAME CR2E034 1999 UNIVERSITY DR SUITE 402 STREET ADDRESS 1.3 STREET ADDRESS **CORAL SPRINGS FL** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS 2 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3 4. City-St-ZiP CITY-ST-ZIP TIFLE DELETE 4.1 THILE Change Addition NAME 4. 2 NAME STREET ADDRESS 43 STREET ADDRESS CITY-ST-ZIP 4 4 CITY-ST-ZIP DELETE Change Addition TITLE 51 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS

RICHARD ST. KAPLAN PACT SIGNATURE

5.4 CITY - ST- ZIP

6.3 STREET ADDRESS

64 CITY-ST-ZIP 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 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

6.1 TITLE 6.2 NAME

DELETE

Change

Addition

CITY - ST - ZIP

STREET ADDRESS

TITLE

NAME