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 # P9400066134 (5)

KAPLAN & CO. SECURITIES INC.

FILED
Jan 16 1998 8:00am
Secretary of State

Principal Place	of Business	Mailing Address						11 40/14 0 /14 9 6 1/ 9 1 (1440	A BILLIA MANDA KANDA
433 PLAZA REA	AL.	433 PLAZA REAL	433 PLAZA REAL						
SUITE 365		SUITE 365				DO NOT WRITE IN THIS SPACE			
BOCA RATON FL 33432 US		BOCA RATON FL 33432 US				3. Date Incorporated or Qualified			
US		03			'	09/08/1994	o or Godinion		
2. Principal Pla	ace of Business	2a. Mailing Address							Applied For
21		26				11-3229526			Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				\$8.75 Additional			
22		27				5. Certificate of Sta	ius Desireo	Fee	Required
City & State		City & State			1 1	Election Campai	gn Financing	pro-	00 May Be
23		28				Trust Fund Contribution			
Zip	Country	Zφ	ilry	8. This corporation owes or has paid the current year Intangible Personal Property Lax due June 30. Yes No					
24 25 29 30			30	Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent					
Bal Nome									
KAPLAN, JED						led N	apian		
	33 LOST OAKS LANE		[1			(P.O. Box Number	is Not Acceptat	P wav	
800	A RATON FL 33498			B3	400	7	10.		
						·····			
ļ			l'	B4 City	Soco	Rati	h	FL 85 2	113 Cpd 4
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the abi					cornoral	tion submits this sta	tement for the p	ourpose of changin	g 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 appointing agent, I am familiar with, and agreet the appointment of the property of the composition of the property of the property of the composition of the property of								pt the appointment	as registered
To Kaplan								1/8/98	
SIGNATURL Signature, typical printed name of regulatered agent and title if applicable (NOTE Registered Agent signature reg								DATE	
12.		ID DIRECTORS	13.				NGES TO OFFIC	CERS AND DIRECT	
TITLE	PCEO	DELETE	1.1 101		ے ا	eo plan, Jed	ρ.	Chang	ge 🗀 Addition
NAME	KAPLAN, JED P		1.2 NAI		1	1	"Hak	d was	
STREET ADDRESS	19333 LOST OAKS LANE		1	EET ADDRESS	~~`	80 0.2		22007	, {
CITY-ST-ZIP	BOCA RATON FL 33498	DELETE		Y-ST-ZIP	De	<u>ga kat</u>	on Lr	Chang	ge Addition
TITLÉ	V MADIANI MADOV	☐ bccci€	21 111			olan, Mari	. v	A CHAIR	je
NAME	KAPLAN, MARCY		2.2 NAI		35.8		7 4a 28	way	
STREET ADDRESS	19333 LOST OAKS LANE			EET ADDRESS	Be	- / .	L. EI	. 33490	(
CITY-ST-ZIP	BOCA RATON FL	DELETE	2. 4 CH	Y - ST - ZIP	PG .	· 167	(07, 10	Chanc	
TITLE		Land December	3.1 1111 3.2 NA						
NAME .				EE1 ADDRESS					1
STREET ADDRESS				Y-ST-ZIP					
CITY-ST-7IP		DELETE	41 111		-			Chang	ge Addition
NAME			4. 2 NA						
STREET ADDRESS				EET ADDRESS					
CITY-ST-ZIP				Y - \$1 - ZIP					
TITLE		DELETE	51111					☐ Chang	ge Addition
NAME		•	5.2 NAJ						
STREET ADDRESS				EET ADDRESS					
CITY-ST-ZIP				Y-SI-7IP					
THLE		DELETE	6 1 717					Chang	ge Addition
NAME			62 NA	ME					
STREET ADDRESS			6.3 S16	EET ADDRESS					
CITY-ST-ZIP			64 C/T	Y-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 attackment with an address.

CICKIATURE.

W

1/98 561-447-4727