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PROFIT CORPORATION ANNUAL REPORT

1997

STREET ADDRESS

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FLORIDA DEPARTMENT OF STATE

FILED

May 08 1997 8:00am

Secretary of State

(96/6)

CR2E034

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000090345 (7)

SOL TAPLIN FAMILY CORPORATION

Principal Place of Business Mailing Address SOL TAPLIN % SOL TAPLIN 1177 KANE CONCOURSE 1177 KANE CONCOURSE BAY HARBOR FL 33154-2047 BAY HARBOR FL 33154 Date Incorporated or Qualified 12/12/1994 3a, Date of Last Report 06/25/1996 2. Principal Place of Business 2a. Mailing Address 4, FEI Number Applied For 65-0558913 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be \Box 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No 25 30 Florida Statutes 24 9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent LAPIDUS, STEVEN B 1221 BRICKELL AVE. 82 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33131** 83 84 Zip Code City 85 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 Stignature, typied or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. PD DELETE 1.1 TITLE Change Addition Hitt TAPLIN. SOL 1.2 NAME NAME 1177 KANE CONCOURSE STREET ADDRESS 1.3 STREET ADDRESS BAY HARBOR FL 33154 CITY - S1 - 71P 1.4 City-ST-ZIP DELETE Change Addition MILE 2.1 TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CHTY - ST - ZIF DELETE Change Addition THILE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY - ST - ZIP CITY-ST-20P DELETE Change Addition 4.1 TITLE THEE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CHY-ST-ZIP DELETE Change Addition 51 TITLE TITLE 52 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CI1Y-\$1-7P 5.4 CITY-ST-ZIP ■ DELETE Addition THILE 6.1 TITLE NAME 6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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

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