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FILED
May 30 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95 0000 41873

1. Corporation Name

Howard A. Caplan, Attorney, P.A.

Principal Place of Business

Mailing Address

3900 Atlantic Blvd.
Jacksonville FL 32207

2. Principal Place of Business

HOWARD A. CAPLAN, ATTORNEY, P.A.
3900 ATLANTIC BLVD
JACKSONVILLE, FL 32207

City & State

23

Zip

Country

USA

24

2a. Mailing Address

HOWARD A. CAPLAN, ATTORNEY, P.A.
3900 ATLANTIC BLVD
JACKSONVILLE, FL 32207

City & State

28

Zip

Country

USA

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

5-30-95

3a. Date of Last Report

4-23-96

4. FEI Number

59-3316344

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

81 Name

HOWARD A. CAPLAN, ATTORNEY, P.A.

82 Street Address

3900 ATLANTIC BLVD
JACKSONVILLE, FL 32207

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

Howard A. Caplan, President

5-22-97

DATE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President

1.2 NAME HOWARD A. CAPLAN, ATTORNEY, P.A.

1.3 STREET ADDRESS 3900 ATLANTIC BLVD

1.4 CITY-ST-ZIP JACKSONVILLE, FL 32207

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 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: Howard A. Caplan, Howard A. Caplan

4-24-97 (904) 346-1670

CR2E034 (9/96)