

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 # P95000043961 (8)

1. Corporation Name

KAPLAN SPORTS, INC.



Principal Place of Business

POST OFFICE BOX 152
GLADWYNE PA 19035

Mailing Address

POST OFFICE BOX 152
GLADWYNE PA 19035

3. Date Incorporated or Qualified

06/07/1995

3a. Date of Last Report

2. Principal Place of Business

21 BOX 908

2a. Mailing Address

26 BOX 908

4. FEI Number

65-0599265

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

22 City & State
23 LAKELAND FL

27 City & State
28 LAKELAND FL

24 Zip Country
25 33802 USA

29 Zip Country
30 33802 USA

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYES STREET
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

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

(Signature typed or printed name of registered agent and the applicable)

(NOTE: Registered Agent Signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME KAPLAN, LESLIE
STREET ADDRESS POST OFFICE BOX 152 N/A
CITY-ST-ZIP GLADWYNE PA 19035

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D
1.2 NAME KAPLAN, LESLIE
1.3 STREET ADDRESS BOX 908
1.4 CITY-ST-ZIP LAKELAND FL 33802-0908

☒ Change ☐ Addition

2.1 TITLE D
2.2 NAME KAPLAN, BARBARA
2.3 STREET ADDRESS BOX 908
2.4 CITY-ST-ZIP LAKELAND FL 33802-0908

☐ Change ☒ Addition

3.1 TITLE D
3.2 NAME KAPLAN, DOUGLAS
3.3 STREET ADDRESS BOX 908
3.4 CITY-ST-ZIP LAKELAND FL 33802-0908

☐ Change ☒ Addition

4.1 TITLE D
4.2 NAME KAPLAN, EMILY
4.3 STREET ADDRESS BOX 908
4.4 CITY-ST-ZIP LAKELAND FL 33802-0908

☐ Change ☒ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 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)(a), 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: *Emily Kaplan*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/96

941-499-6100

Daytime Phone

CR2E034 (12/95)