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PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #	P95000043961	(8)
<ol> <li>Corporation Name</li> </ol>		•

KAPLAN SPORTS, INC.

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	of Business		Mailing Address					
POST OFFICE GLADWYNE P			POST OFFICE BOX 15 GLADWYNE PA 19035	_				
			·			3. Date incorporated or Qualified 06/07/1995	3a. Date of L	ast Report
Principal Plac	ce of Business		a. Mailing Address			4. FEI Number		Applied For
BOX	908	26	a. Mailing Address	)S		65-059926	<i>,</i> 5	Not Applicab
Suite, Apt. #		27	Suite, Apt. #, etc.			5. Certificate of Stalus Desired	1 1 7	8.75 Additional Fee Required
City & State	LAND FL	21	City & State LAKELAN		=_	Election Campaign Financing     Trust Fund Contribution		5.00 May Be Added to Fees
<sup>Zp</sup> 3380		SA 25	<u> </u>	Country 5	US A		No	
	g. Name and Address of	Current Reg	istered Agent			10. Name and Address of New F	Registered Ager	1t
				81	Name			
	entice-hall corporat	tion syste	EM, INC.	82	Street Addre	ess (P.O. Box Number is Not Acceptat	ole)	
	YES STREET							
TALLAHA	ASSEE FL 32301			83				
					City	ation submits this statement for the pu	FL 85	
GNATURE	h, and accept the obligations  Spinaring Speed or printed name of regis							
				Dir Begraven Agents	agraphure resultated		DATE	
		ERS AND DIR	FCTORS	13.		ADDITIONS/CHANGES TO OFF	ICERS AND DIR	
TLE .	D			13. 1 1 Title	V	ADDITIONS/CHANGES TO OFF		
ME ME	D Kaplan, Leslie	ERS AND DIR	FCTORS	13. 1 1 TITLE 1.2 NAME	V	ADDITIONS/CHANGES TO OFF	ICERS AND DIR	
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ME  REET ADDRESS  Y-ST-ZIP  LE  ME  REET ADDRESS  Y-ST-ZIP  LE  ME  ME  ME	D KAPLAN, LESLIE POST OFFICE BOX 19	ERS AND DIR	ECTORS  DELETE  DELETE	13. 1 1 TITLE 1.2 NAME 1.3 STREET AL 1.4 CITY-ST- 2.2 NAME 2.3 STREET AL 2.4 CITY-ST- 3.1 TITLE	DORESS BO LA DORESS EXCEPTION LA	ADDITIONS/CHANGES TO OFF APLAN, LESCIE DX 908 AKELAND FL 3380 APLAN, BARBARA DX 908 AKELAND FL 3381 APLAN, DOUGLAS DX 908	02-0908	ange Additio
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Z.  TLE  MME  TREET ADDRESS  TY-ST-ZIP  TLE  MME  TREET ADDRESS	D KAPLAN, LESLIE POST OFFICE BOX 19	ERS AND DIR	ECTORS  DELETE  DELETE  DELETE  DELETE	13. 1 1 TITLE 1.2 NAME 1.3 STREET AT 1.4 CITY-ST- 2.2 NAME 2.3 STREET AT 2.4 CITY-ST- 3.1 TITLE 4.2 NAME 4.3 STREET AT 4.1 TITLE 4.2 NAME 4.3 STREET AT 4.4 CITY-ST- 5.1 TITLE 5.2 NAME 5.3 STREET AT 5.4 CITY-ST- 6.1 TITLE	DORESS BODORESS ZIP LA COORESS ZIP L	ADDITIONS/CHANGES TO OFF APLAN, LESCIE: DX 908 AKELAND FL 3380 APLAN, BARBARA DX 908 APLAN, DOUGLAS DX 908 APLAN, EMILY DX 908	02-0908	nange Addition  Addition  Addition  Addition  Addition

centry manufacture information informed in the same report or supplemental arrange report is due and document and my signature shall have the same regarded as it made under oath, that I am an officer or director of the corporation or the receiver or trustee accrowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if phanged, or on amountainment with an address. SIGNATURE: X SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR