

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 24 1997 8:00am
Secretary of State

| | | |
|--|---|--|
| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # P95000043961 (8)

1. Corporation Name

KAPLAN SPORTS, INC.

Principal Place of Business

Mailing Address

BOX-008
LAKELAND FL 33802
US
PO BOX 152
GLADWYNE PA
19035

BOX-008
LAKELAND FL 33802-0808
US
PO BOX 152
GLADWYNE PA
19035

3. Date Incorporated or Qualified
06/07/1995

3a. Date of Last Report
04/16/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 C/O MORGENTHAU ASSOC.
Suite, Apt. #, etc.

22 City & State

27 PROMENADE NORTH, SUITE 301
City & State
MANHATTAN ST.

23 Zip

Country

28 Zip

Country

24

25

29

30

08043

US

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|----------------|--------------------------------|--------|
| TITLE | D | DELETE |
| NAME | KAPLAN, LESLIE | |
| STREET ADDRESS | BOX-008 PO BOX 152 | |
| CITY-ST-ZIP | LAKELAND FL GLADWYNE, PA 19035 | |
| TITLE | D | DELETE |
| NAME | KAPLAN, BARBARA | |
| STREET ADDRESS | BOX-008 PO BOX 152 | |
| CITY-ST-ZIP | LAKELAND FL Gladwyne, PA 19035 | |
| TITLE | D | DELETE |
| NAME | KAPLAN, DOUGLAS | |
| STREET ADDRESS | BOX-008 PO BOX 152 | |
| CITY-ST-ZIP | LAKELAND FL Gladwyne PA 19035 | |
| TITLE | D | DELETE |
| NAME | KAPLAN, EMILY | |
| STREET ADDRESS | BOX-008 PO BOX 152 | |
| CITY-ST-ZIP | LAKELAND FL Gladwyne PA 19035 | |
| TITLE | | DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | | |
|--------------------|--------------------------|--------|----------|
| 1.1 TITLE | | Change | Addition |
| 1.2 NAME | | | |
| 1.3 STREET ADDRESS | 215 McClenaghan Mill Rd. | | |
| 1.4 CITY-ST-ZIP | Wynnewood, PA 19096 | | |
| 2.1 TITLE | | Change | Addition |
| 2.2 NAME | | | |
| 2.3 STREET ADDRESS | 215 McClenaghan Mill Rd. | | |
| 2.4 CITY-ST-ZIP | Wynnewood, PA 19096 | | |
| 3.1 TITLE | | Change | Addition |
| 3.2 NAME | | | |
| 3.3 STREET ADDRESS | 215 McClenaghan Mill Rd. | | |
| 3.4 CITY-ST-ZIP | Wynnewood, PA 19096 | | |
| 4.1 TITLE | | Change | Addition |
| 4.2 NAME | | | |
| 4.3 STREET ADDRESS | 215 McClenaghan Mill Rd. | | |
| 4.4 CITY-ST-ZIP | Wynnewood, PA 19096 | | |
| 5.1 TITLE | | Change | Addition |
| 5.2 NAME | | | |
| 5.3 STREET ADDRESS | | | |
| 5.4 CITY-ST-ZIP | | | |
| 6.1 TITLE | | Change | Addition |
| 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, upon an attachment with an address.

SIGNATURE: X

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Fricke #

0388977

4/3/97 (615) 896-5767

CR2E034 (9/96)