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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000067029

PETER R. KAPLAN PH.D. P.A

1 B1 611 1					
Principal Place of Business 2650 BAHA VISTA S STE 201 SARASOTA FL 34239		Mailing Address 2650 BAHIA VISTA ST STE 201 SARASOTA FL 34239		DO NOT WRITE IN THI	
US TE	34237	US		3. Date Incorporated or Qualified	3.21 VOT
2 Principal P	lace of Business	2a. Mailing Address		<b>08/28/1995 4.</b> FE I Number	Applied For
21 1854	1 Grove St )	26		65-0610429	Not Applicable
22 50	Risala FL 1	27 1854 c	on st	5. Certificate of Status Desired [ ]	\$8.75 Additional Fee Required
City & State	139 V5 v	28 State 55 1550kg		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	and the second s	30 US	This corporation owes the current year li- Personal Property Tax	[ ]Yes [ ]No
	9. Name and Address of Curren	t Registered Agent	81 Name	10. Name and Address of New Registered	J Agent
TANNENBAUM, ALAN E 1680 FRUITVILLE RD., STE. 102 SARASOTA FL 34236				ddress (P.O. Box Number is Not Acceptable)	
SAN	ASUIA FL 34230		83		r I
			84 City	F	85 Zip Code
office of r	to the provisions of Sections 607.050 egistered agent, or both, in the State in familiar with, and accept the obliga	of Fionda. Such change was au	thorized by the corpora	orporation submits this statement for the purpose cation's board of directors. Thereby accept the appropriate the company of t	of changing its registered ointment as registered
SIGNATURE	<u>.</u>				
12.	Signature, typed or printed name of registered agen	card title if applicable (NOTE)  DIRECTORS	Begistenet Agents gent verneg.  【 13.	ADDITIONS/CHANGES TO OFFICERS A	NID DIDECTORS IN 43
TITLE	P	DELETE	13. 113/LF		Change [   Addition
NAME	KAPLN, PETER R		1.2 NAME	KAPLAN, PETER R 1854 GROVE ST	2, 15
STREET ADDRESS	2650 BAHIA VISTA ST		13 STREET ADDRESS	1854 GROVE ST	
CITY-ST-ZIP	SARASOTA FL 34239		14 City - St - 76-	SARASUTA, FL 34239	
TITLE		[] DELETE	2 1 TifLE	,	[" Change [" Addition"
NAME			22 NAME	400002810	014 - 7
STREET ADDRESS			2.3 STREET ADDRESS	-03/23/931	01090019
CITY-ST-ZIP			2 4 CiTY S1-ZiP	****150.00	
TITLE		[ ] DELFTE	3.1 THLE		[   Change
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADORESS		
CITY ST-ZIP			3.4 CITY-\$1-Zir/		
TITLE		Eldetere	41TIILE		[   Change
NA SE			4 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
OTY-ST-ZP			4.4.0/TY+S1-2/P		
TITLE		[.] DELETE	5 1 TITLE		[] Change [] Addition
NAME			5.2 NAME		
STREET ADDRESS			53 STREFT ADDRESS		
CITY-ST-ZIP			54 Cil 1 - 51 - 7#+		
TITLE		[] DELETE	61 TITLE	NA	[ Changa []Addition
NAME			62 NAME.	ΟNO,	1600
STREET ADDRESS			63 STREET ADDRESS	2-	(') '
CITY-S1-ZIP			6.4 CrTY+S1+ZiP	٠,	

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 (07(3))). Florida Statutes I further certify that the information indicated on this annual report or Spiplemental 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 of the received or fusitee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changes of an an attachment but has address, with all other like empowered.

AM OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

3/1/99 941 366-7301