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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000091037 (8)

KAPROTH ENTERPRISES, INC.

Principal Place of Business	Mailing Address) individus sem ditti distri datis dibit di indistri d
2900 INDUSTRIAL PLAZA DR TALLAHASSEE FL 32301 US	2747 CAPITAL CIRCLE. N.E. TALLAHASSEE FL 32308-4130	
		 Date Incorporated or Qualified 11/30/1995
2. Principal Place of Business	2a. Mailing Address	4. FEI Number
21	26	59-3348756
Suite, Api. #, etc.	Suite, Apt #, etc.	5. Certificate of Status Desired
City & State	City & State	6. Election Campaign Financing

FILED
May 14 1997 8:00am
Secretary of State



3a. Date of Last Report 08/09/1996

Applied For Not Applicable \$8.75 Additional

Fee Required

\$5.00 May Be

23		28				Trust I uno Contino	<u> </u>	Added	io rees
Z-p	Country	Zip	[Cc	ountry		8. This corporation ha	is liability for intangi	ble tax under s	. 199.032,
24	25	29	30			Florida Statutes	Yes		
	9. Name and Address of Curr	rent Registered Agent				10. Name and Addres	s of New Register	ad Agent	
Brushwood, E. Thomas Esq.			61	Name					
	EAST LAFAYETTE STREET			82	Street Add	ress (P.O. Box Number is	Not Acceptable)		
IALI	LAHASSEE FL 32302-2117			83					
				83					į
				84	City			. 65 Zip	Code
								L C	
office or re	o the provisions of Sections 607.0 gristered agent, or both, in the St infarmar with, and accept the ob	ate of Florida. Such chang	e was authoriz	ed by	the corporat	ooration submits this state tion's board of directors. I	ment for the purpos hereby accept the a	a of changing it appointment as	s registered registered
SIGNATURE		* *				······································	***************************************		
	Signature: typed or preced name of registered		(NOTE: Registe		nt signature requi	red when reinstating) ADDITIONS/CHANG	DAT		OC IN 12
12.	VP OFFICERS /	AND DIRECTORS		TITLE		ADDITIONS/CHAING	ES TO OFFICERS A	Change	Addition
TOTAL	KAPROTH, JULIE	(,_) bic						Em crange	L Nontroll
NAME	1236 COPPER CREEK DR			NAME					ŀ
STREET ADDRESS	TALLALIA OFF FI			ADDRESS				1	
G(Y-\$1-7.5	TALLAHASSEE FL	DEL		CITY-S	r-zip			Change	Addition
MUF	D CONTON TON	[DEL	I	TITLE				L Change	Modition
HAME	JOHNSTON, TOM			NAME			fen: es	Na.	
STREET ADDRESS	8054 JORDAN COURT		2.3	STREET	ADDRESS		*	,	-
CHTA-21-346	TALLAHASSEE FL 32308	T or		CITY-S	ST-ZIP				
TITLE		☐ DELI	• • • • • • • • • • • • • • • • • • • •	TITLE				Change	Addition
NAM:			1	NAME					
STREET ADDRESS			3.3	STREET	ADDRESS				
C:17 - S1 - 74P				. CITY - S	ST-ZIP				
11°LE		DE1.		TITLE	1			L_ Change	Addition
NAM!			4. 2	NAME					
STHEFT ACTIVESS			4.3	STREET	ADDRESS				
CHY ST- 7IP				CITY-S	T-ZIP				
TETLE		DEL!	ETE 5.1	TITLE				Change	☐ Addition
NAME			5.2	NAME	}]
STREET ADDRESS			5.3	STREET	ADDRESS				
0(1)y - \$1 - 2(f)			5.4	CITY-S	T · ZIP				
T ILF		DEL	ETE 61	TITLE				Change	Addition
NAME			6.2	NAME		•			
STREET ADDRESS			63	STREET	ADDRESS				
CI*Y -ST-7I*			64	CITY-S	T-21P				
14. I do hereb information I am an of	y certify that the information such n indicated on this annual report of ficer or director of the corporation n Block 12 or Block 13 if chartied	lied with this filing does no or supplemental annual reg or the receiver or trustee	ot qualify for the cort is true and empowered to	e exe accu	mption stated trate and that ute this repo	d in Section 119.07(3)(i), F t my signature shall have t rt as required by Chapter	lorida Statutes, I fur he same legal effections, Florida Statute	ther certify that it as if made un s; and that my r	the der oath, that name
appears ir	Block 12 or Block 13 if charged	, or on an attachment with	an address.			and the second s			