

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

FILED

Apr 15 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000043537 (5)

1. Corporation Name

KNOPF, INC.



Principal Place of Business

~~3900 WOODLAKE BLVD SUITE 204
LAKE WORTH FL 33463~~

Mailing Address

~~9900 WOODLAKE BLVD SUITE 204
LAKE WORTH FL 33463~~

2. Principal Place of Business

21 421 No. Dixie Hwy

Suite, Apt. #, etc

22 City & State

23 Lake Worth, FL

24 Zip 33460

25 Country Palm Beach

2a. Mailing Address

26 Suite, Apt. #, etc Same

27 City & State

28 Lake Worth, FL

29 Zip 33460

Country

30

3. Date Incorporated or Qualified

05/15/1996

3a. Date of Last Report

4. FEI Number

65-0672041

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

9. Name and Address of Current Registered Agent

ZARETSKY, RICHARD P
1855 PALM BEACH LAKES BLVD
SUITE 900
LAKE WORTH FL 33401

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME KNOPF, LESLIE G
STREET ADDRESS 3900 WOODLAKE BLVD SUITE 204
CITY-ST-ZIP LAKE WORTH FL 33463

TITLE D
NAME KNOPF, ANN
STREET ADDRESS 3900 WOODLAKE BLVD SUITE 204
CITY-ST-ZIP LAKE WORTH FL 33463

TITLE D
NAME KNOPF, KYLE
STREET ADDRESS 3900 WOODLAKE BLVD SUITE 204
CITY-ST-ZIP LAKE WORTH FL 33463

TITLE D
NAME KNOPF, KEITH
STREET ADDRESS 3900 WOODLAKE BLVD SUITE 204
CITY-ST-ZIP LAKE WORTH FL 33463

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

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

6.1 TITLE
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, or in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0330274

CR2E034 (9/96)