

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

FILED
Jan 22 1997 8:00 am
Secretary of State

DOCUMENT # P96000093307 (2)

1. Corporation Name
REGEN GROUP, INC.



Principal Place of Business

P.O. BOX 7730
BOCA RATON FL 33427

Mailing Address

P.O. BOX 3560
BOCA RATON FL 33427-2550

3. Date Incorporated or Qualified
11/13/1996

3a. Date of Last Report

2. Principal Place of Business

21 401 NORTHEAST MIZNER BOULEVARD

Suite, Apt. #, etc.

22 APARTMENT T603

City & State

23 BOCA RATON, FL

Zip

24 33432

Country

25 USA

2a. Mailing Address

26 410 GRUBER AND ASSOCIATES, P.A.

Suite, Apt. #, etc.

27 1650 SOUTHEAST 17TH STREET, SUITE 301

City & State

28 FORT LAUDERDALE FL

Zip

29 3316-1735

Country

30 USA

4. FEI Number

APPLIED FOR

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 NO ASSET

9. Name and Address of Current Registered Agent

GRUBER AND ASSOCIATES, P.A.

1050 SE 17TH STREET

SUITE 301

FORT LAUDERDALE FL 33316-1735

10. Name and Address of New Registered Agent

81 Name

82 MICHAEL F. KAPLAN

83 Street Address (P.O. Box Number is Not Acceptable)

84 410 GRUBER AND ASSOCIATES, P.A.

85 1650 SOUTHEAST 17TH STREET, SUITE 301

City

1

FL

85 Zip Code

3316-1735

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

MICHAEL P. KAPLAN 1/7/97

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

BOCA RATON FL 33432

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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 on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL F. KAPLAN 1/8/97 954-522-2222

Date

Daytime Phone #

CR2E034 (9/96)