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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P96000100353 (7)

ZAPPITELL & KAPRAL, P.A.

FILED May 04 1998 8:00am Secretary of State



Principal Place of Business		Mailing Address				f na niedel ein imild brite meret abite itner anter abind beide bride frie indi		
	ALMETTO PARK ROAD. SUITE 405	1489 WEST PALMETTO PARK ROAD. SUITE 405 BOCA RATON FL 33486			SUITE 405			
BOCA RATON	FL 33486					DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualified	· · · · · · · · · · · · · · · · · · ·	
						12/06/1996		
2. Principal Pl	ace of Business	2a. Mailing A	ddress				Applied For	
21		26					ot Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				60 7C	Additional	
22		27				I & Certificate of Status Desired I I	Required	
City & State		City & State			· · · · · · · · · · · · · · · · · · ·	6. Election Campaign Financing \$5.00	May Be	
23		28					to Fees	
Zip	Country	Zip	Zip Country			8. This corporation owes or has paid the current year fr	ntangible	
24	25	29	3	0			□ No	
	9, Name and Address of Current	t Registered Age	nt			10. Name and Address of New Registered Agent		
ZAF	PPITELL, DAVID J			B1	Name			
1489 WEST PALMETTO PARK ROAD, SUITE 405				82	82 Street Address (P.O. Box Number is Not Acceptable)			
	CA RATON FL 33486	, 00112 400		02	Sitest Address (F.O. Box Number is Not Acceptable)			
,	0/11811 0/1 / E 00 100			83				
				84	City	FL 85 Zip	Code	
11. Pursuant t	to the provisions of Sections 607.0502	2 and 607.1508. F	orida Statutes	the above	e-named c	opporation submits this statement for the purpose of changing	its registered	
office or re	egistered agent, or both, in the State in familiar with, and accept the obligations.	of Hondal Such c	hange was aut	thorized by	the corpo	ration's board of directors. I hereby accept the appointment a	s registered	
_	iriamiliai wao, ano accept ine obliga	mons or, section t	07.030a, Flori	da Siaidies	i.			
SIGNATURE .	Signature, typicid or printed name of registered ager	at each title it annicable	(NOTE:	Begistered Ace	nt signature re	quired when reinstating) DATE		
12.	OFFICERS AND			13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTO	PRS IN 12	
TITLE	PTD		DELETE	1.1 TITLE		☐ Change	Addition	
NAME	ZAPPITELL, DAVID J			1.2 NAME	ĺ			
STREET ADDRESS				13 STRELT	ADDRESS			
CITY-ST-ZIP	BOCA RATON FL 33486			1.4 CiTY-S	1		}	
TITLE	DVS		DELETE	21 TITLE		Change	Addition	
NAME	KAPRAL, STEPHEN M JR.			2.2 NAME		_ ·		
STREET ADDRESS 1489 WEST PALMETTO PARK ROAD, SUITE 405			105	2.3 STREET ADDRESS		*		
CITY-ST-ZIP	5001 DITON C			2. 4 CITY - S	1			
TITLE	DOOM TANION TE SOIGS		DELETE	3.1 TITLE	,,-2"	Change	☐ Addition	
NAME				3.2 NAME)			
STREET ADDRESS				3.3 STREET	ADDRESS		Ì	
CITY-ST-ZIP				3.4. CITY-S				
TITLE			DELETE	4.1 TITLE		Change	Addition	
NAME		_		4. 2 NAME		Oldings		
STREET ADDRESS				4.3 STREET	*DODECC			
				4.4 City-S				
CITY-ST-ZIP TITLE			DELETE	51 TITLE	1-21	☐ Change	Addition	
1		_		1	1	Grange		
NAME DIRECT ADDRESS				5.2 NAME	ADDDEGG			
STREET ADDRESS				5.3 STREE1			ĺ	
CITY-ST-ZIP			DELETE	5.4 CITY - S	I - ZIP	Понала	Addition	
TITLE		L	DECEIL	6.1 TITLE		∟J Change	☐ Addition	
NAME				6.2 NAME				
STREET ADDRESS			1	6.3 STREET			i	
CITY-ST-ZIP				6.4 CITY-S	I - ZIP	. O		

I hereby certify that the information supplied with the indicated on this annual report or suppliemental and officer or director of the corporation or the receiver Block 12 or Block 13 if changed, or on an attachred.

or not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information for true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in address.