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May 08 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 # P96000104079 (4)

1. Corporation Name

LYNNE KAPLAN & ASSOCIATES, INC.



Principal Place of Business

Mailing Address

101 COVE COLONY ROAD
MAITLAND FL 32751

101 COVE COLONY ROAD
MAITLAND FL 32751-4973

3. Date Incorporated or Qualified

12/30/1996

3a. Date of Last Report

NA

2. Principal Place of Business

21 101 Cove Colony Rd

2a. Mailing Address

26 101 Cove Colony Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State
Maitland FL

27 City & State
Maitland FL

23 Zip
32751

Country

Orange

28 Zip
32751

Country

Orange

4. FEI Number

59-3424427

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

SEAY, JAMES E.L.
2 SOUTH ORANGE AVE.
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name Lynne Kaplan

82 Street Address (P.O. Box Number is Not Acceptable)
101 Cove Colony Rd

83 Maitland

84 City Maitland

FL

85 Zip Code 32751

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

4.27.97

12. OFFICERS AND DIRECTORS

TITLE D
NAME KAPLAN, LYNNE
STREET ADDRESS 101 COVE COLONY ROAD
CITY-ST-ZIP MAITLAND FL 32751

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN

1.1 TITLE S/T David Kaplan
1.2 NAME 101 Cove Colony Rd
1.3 STREET ADDRESS Maitland FL 32751
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:

Lynne Kaplan

3/27/97

407-645-4881

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0000480

CR2E034 (9/96)