## 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 P97000002058 (0)

KAPLAN CONSULTING GROUP, INC.

## **FILED** Mar 13 1998 8:00am Secretary of State



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Principal Plac	e of Business	Ma	ailing Address				t tobtion all this cook daire daire abite
12488 CLASSIC DRIVE 12488 CLASSIC			12488 CLASSIC DRIVE	DRIVE			
CORAL SPRINGS FL 33071			CORAL SPRINGS FL 33071				DO NOT WRITE IN THIS SPACE
							3. Date Incorporated or Qualified
Principal P	flace of Business	20	Mailing Address				01/02/1997 4. FEI Number Applied For
2. Frilicipare 21	IACE OF DUSITIESS	26	Mailing Address				65-0719180 Not Applicable
Suite, Apt.	# etc	20	Suite, Apt. #, etc.			-	\$0.75 Additional
22							5. Certificate of Status Desired Fee Required
City & State			City & State				Election Campaign Financing \$5.00 May Be
23		28	·				Trust Fund Contribution
Zip	Country	1	Zip	Cou	intry		8. This corporation owes or has pald the current year Intangible
24	25	29	30				Personal Property Tax due June 30. Yes No
	9. Name and Address of Curre	ent Regis	tered Agent				10. Name and Address of New Registered Agent
K	(APLAN, DONALD E				61	Name	
	2488 CLASSIC DRIVE				82	Street 6	Address (P.O. Box Number is Not Acceptable)
CORAL SPRINGS FL 33071			B2 Street A			Sueete	נפוטמוקסטר זטא פר ופטווומא גטם .ט. ון פפפוטטר
·	OTTAL OF THINGS TE GOOT				63		
					84	City	FL 85 Zip Code
Ad Discount to the provisions of Sections 607 0503 and 607 1608 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, typod or printed name of registered agent and title if applicable (NOTE: Registered Agent						nt signature	required when reinstating) DATE
12.	OFFICERS A	NO DIREC	TORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE			☐ DELETE	1.1 TI	TLE	K	(P) PRESIDENT Change Addition
NAME				1.2 N	AME		DONALO E. KAPLAN
STREET ADDRESS				1.3 \$1	REET	ADDRESS	140.60 ( ) 446.6 0 116
CITY-ST-ZIP				1.4 0	TY-S	T-ZIP	CORAL SPRINGS, FL 33071
TITLE			DELETE	2.1 TI	TLE		☐ Change ☐ Addition
NAME				22 N	AME		
STREET ADDRESS				2.3 \$1	REET	address	
CITY-ST-ZIP				2.40	try - S	T-ZIP	
TITLE			☐ DELETE	3.1 TI	TLE		☐ Change ☐ Addition
NAME				3.2 N	AME	j	
STREET ADDRESS				3.3 \$1	REET	ADDRESS	
CITY-ST-ZIP				3.4. 0	ITY-S	ST-ZIP	
TITLE			☐ DELETE	4.1 TI	TLE		☐ Change ☐ Addition
NAME				4. 2 N	AME		
STREET ADDRESS				4.3 S1	REET	ADDRESS	
CITY-ST-ZIP				4.4.01	TY-S	T - ZIP	
TITLE			☐ DELETE	5.1 31	TLE		Change Addition
NAME				5.2 N/	AME		200002457472 -03/16/9801005022
STREET ADDRESS				5.3 S1	REET	address	
CITY-ST-ZIP	_			5.4 CI	TY - S	T-ZIP	***150.00
TITLE			DELE <b>TE</b>	6.1 7)	TLE		☐ Change ☐ Addition
NAME				6.2 N/	<b>ME</b>		00-12
STREET ADDRESS				6.3 ST	REET	ADDRESS	(" ( 2117
CITY-ST-ZIP			•	6.4 C	TY-S	T - ZIP	<u> </u>
							J is Caption 440.07/2Vi) Elevide Statutes Literary and its that the information

I 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 informatio 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.