

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # S23444 (0)

1. Corporation Name

I. KAPLAN, INC.



Principal Place of Business

**2200 W. GLADES RD., STE. 1106
BOCA RATON FL 33431**

Mailing Address

**2200 W. GLADES RD., STE. 1106
BOCA RATON FL 33431**

3. Date Incorporated or Qualified **12/28/1990** 3a. Date of Last Report **05/01/1995**

2. Principal Place of Business 21 **131 S. Federal Hwy.** 2a. Mailing Address 26 **131 So. Federal Hwy.**

4. FEI Number **65-0249623** Applied For Not Applicable

Suite, Apt. #, etc. 22 **Suite #7** Suite, Apt. #, etc. 27 **Suite #7**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

City & State 23 **Boca Raton, FL** City & State 28 **Boca Raton, FL**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

Zip 24 **33432** Country 25 **USA** Zip 29 **33432** Country 30 **USA**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PETER M. KAPLAN
20989 SOLANO WAY
BOCA RATON FL 33433**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **DP**
STREET ADDRESS **KAPLAN, IRVING**
CITY-ST-ZIP **6853 FOUNTAIN CIRC. S.
LAKE WORTH FL**

TITLE ☐ DELETE
NAME **VP**
STREET ADDRESS **PETER M. KAPLAN**
CITY-ST-ZIP **20989 SOLANO WAY
BOCA RATON FL**

TITLE ☐ DELETE
NAME **T**
STREET ADDRESS **JANE GORTZ**
CITY-ST-ZIP **6749 GIRALDA CIRCLE
BOCA RATON FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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

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

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

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 receiving 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:

Peter M. Kaplan
Peter M. Kaplan, V.P.

4/24/96

407-362-4242

Date

Daytime Phone #

CR2E034 (12/95)