
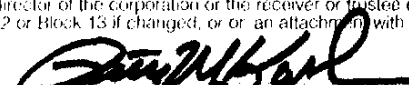


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Mar 24 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 # S23444 (0) 1. Corporation Name I. KAPLAN, INC.			
Principal Place of Business 2200 W. GLADES RD. X 575 X 100 X BOCA RATON FL 33401		Mailing Address 2200 W. GLADES RD. X 575 X 100 X BOCA RATON FL 33401 X 738 X X X	
2. Principal Place of Business 21 131 So. Federal Hwy. Suite, Apt. #, etc. 22 Suite 7 City & State 23 Boca Raton, FL Zip 24 33432 Country 25 USA		2a. Mailing Address 26 131 So. Federal Hwy. Suite, Apt. #, etc. 27 Suite 7 City & State 28 Boca Raton, FL Zip 29 33432 Country 30 USA	
3. Date Incorporated or Qualified 12/28/1990		3a. Date of Last Report 04/30/1996	
4. FEI Number 65-0249623		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent PETER M. KAPLAN 20989 SOLANO WAY BOCA RATON FL 33433		10. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
12. OFFICERS AND DIRECTORS			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
DP	KAPLAN, IRVING	6853 FOUNTAIN CIRC. S.	LAKE WORTH FL
VP	PETER M. KAPLAN	20989 SOLANO WAY	BOCA RATON FL
T	JANE GORTZ	6749 GIRALDA CIRCLE	BOCA RATON FL
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: 		Peter M. Kaplan, V.P.	



CR2E034 (9/96)