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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # \$23444

(0)

I. KAPLAN, INC.

Principal Place of Business

SIGNATURE:

Mailing Address

REPORTE DEADES ROUSEE Y 105 X

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FILED Mar 24 1997 8:00am Secretary of State



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PETER M. KAPLAN 2088 SOLANO WAY BOCA RATON FL 33433 82 Street Address (F.O. Box Number is Not Acceptable) 83 City FL 85 Zip Code 64 City FL 85 Zip Code 65 City FL 85 Zip Code 66 City FL 85 Zip Code 67 City State of the purpose of changing its registered agent, or bed, in the State of Florida State Address (F.O. Box Number is Not Acceptable) 86 City FL 85 Zip Code 76 City State of Florida State Address (F.O. Box Number is Not Acceptable) 87 City FL 85 Zip Code 88 Zip Code 89 Zip Code 89 Zip Code 89 Zip Code 80 Zip Co	24 33432			ISA USA		ł				
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B3				82 Street Ac		Street Ad	dress (P.O. Box Number is Not Accept	able)		
1. Present It for provisions of Sections 607 0602 and 607 1608. Florida Statutes, the above named corporation submitted this statement for the purpose of changing its registered officer or registered eggent or both on the State of Revision Such change was submitted by the corporation's board of directors. Thereby accept the appointment as registered agent I are familiar with, and accept the chiligateness of Section 607 0506, Florida Statutes. IGNATURE 2.	BOCA RATUN FL 33433				83					
1. President to the provisions of Sections 607 05:02 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 Findida Statutes are provided by the corporation's board of directors. I hereby accept the appointment as registered agent than familiar with, and accept the chigastions of, Section 607.0505. Florida Statutes IGNATURE 2. OFFICERS AND DIRECTORS 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. INT. ARPLAN, IRVING 6833 FOUNTAIN CIRC. S. 1.3 SIRECT ADDRESS 12. AME 6835 FOUNTAIN CIRC. S. 1.4 CIRY-ST-2P VP VP DELETE 1.1 TITLE 1.2 Change Addition MRITE ADDRESS 1.2 NAME 8838 FOUNTAIN CIRC. S. 1.3 SIRECT ADDRESS 1.4 CIRY-ST-2P VP DELETE 1.4 TITLE 1.5 Change Addition Addition AND THOMAS TO OFFICERS AND DIRECTORS IN 12. Change Addition Addition AND THOMAS TO OFFICERS AND DIRECTORS IN 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.				1	53					
1. Prinsparent to the provisions of Sections 607 0520 and color 1005. Horida, Statutes, the above named corporation submits this statement for the purpose of changing its registered officient registered regist				1	84	City		·	85 Z	ip Code
office or registered agent, or field, in the State of Bonda. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent Landscheid and accept the obligations of Section 607.0505, Florida Statutor (Section 607.0505, Florida Statutor) 2. OFFICERS AND DIRECTORS 19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DP KAPLAN, IRVING 6853 FOUNTAIN CIRC. S. LAKE WORTH FL 14 CITY-ST-7P THE PETER M. KAPLAN 20989 SOLANO WAY 22 SINEET ADDRESS BITHET ADDRESS BOCA RATON FL 1. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition Addition Addition Change Addition Addition Addition Change Addition									<u> </u>	
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4. I do hereby cert by 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 armual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; the	information	indicated on this annual report or	supplemental annual report is t	true and a	accui	rate and th	at my signature shall have the same le	gat effect a	as if made	under oath; the
I am an officer or director of the corporation or the receiver or trusted 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 or an attachny in with an address.	Lam an offic	cer or director of the corporation of	ir the receiver or trustee empoy	vered to e	xec	ute this rep	ort as required by Chapter 607, Florida	a Statutes:	and that m	iy name

Peter M. Kaplan, V.P.