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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

	1996	00 W		DIVISION OF	CORPORA		NS						
DOCUMENT # S41277 (2) 1. Corporation Name KAP SIL, INC.) (86)(8 18 111 8 188) (1818 11		<u> </u>	i († 3 38) († 3 48)	8 8	
Principal Place	of Business		Maileo	Address				-					
5350 NW 23R			_	NW 23RD WAY									
BOCA RATON				A RATON FL 3349	96								
								3.	Date Incorporated or Qua	alified		e of Last R	
2. Principal Pla	ice of Business		2a Ma	ilino Arkhose					03/28/1991 FEI Number		0	4/06/199	
1		2a. Mailing Address				"	65-0263900				Applied For Not Applicable		
Suite, Apt #	I, etc.			te, Apt. #, etc.				5.	Certificate of Status Desir	red		\$8.75	Additional
City & State			[27]	y & State							<u></u>		Required
23			28	y o ciale				- 1	Election Campaign Finan- Trust Fund Contribution	cing			0 May Be d to Fees
Zip		Country	Zip	·	Cour	intry		8.	This corporation has liabi	tity for in	langible ta		
24	25 Name and	Address of Curren	29	d 400ml	30	1			Florida Statutes	·	□No	· <u>-</u>	
	9. Halle allo	Address of Curren	i negistere	o Agent		81	Name	10.	Name and Address of	New He	gistered	Agent	
KAPI AN	-SII BERMAN.	CORINNE							O. Box Number is Not Ac		·		
KAPLAN-SILBERMAN, CORINNE 5350 NW 23RD WAY							Street Addre). 1) 225	C. DOX INGITIDELIS INGLAC	сердагяє	i		
BOCA R	Aton FL 3349	96				83							
					}	84	Orty					85 Zg) Code
							7						
11. Pursuant to or registere	o the provisions od agent, or both	of Sections 607.0502 , in the State of Floric	and 607.15 Ja. Such cha	08, Florida Statule ange was authoriz	es, the aboved by the co		,	ation su	ubmits this statement for tectors. Thereby accept the	the purp e appoi	FL ose of cha	anging its registered	egistered office agent. Lam
SIGNATURE.	п, апо ассери п	ted number of registered agents	and title if applica	o, rionda Statutes	n. Dit Begistered /	ve-nar corpora	,	የረቅ ነ€፣፣ "ተታ			DATE		
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roo necess certify that the information-supplied with this ling is voluntarly furnished and does not quality for the exemption stated in Section 119.0 (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 eath; that I am an officer or director of the corporation or the receiver or frustee 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 any oldress.

SIGNATURE: 2

13 if changed, or on an attachment with an ordress.

Orinne
Silberman