

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 # V06880

(1)

1. Corporation Name

CARA KOPLAN & ASSOCIATES, INC.



Principal Place of Business

2 GADSBY WAY
BOYNTON BEACH FL 33462

Mailing Address

2 GADSBY WAY
BOYNTON BEACH FL 33462

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
01/15/1992

3a. Date of Last Report
03/03/1995

4. FEI Number
65-0303952

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

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

10. Name and Address of New Registered Agent

KOPLAN, CARA
2 GADSBY WAY
BOYNTON BEACH FL 33462

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's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE ☐ DELETE

NAME
DPS
KOPLAN, CARA
2 GADSBY WAY
BOYNTON BEACH FL

2.1 TITLE ☐ DELETE

NAME
T
KOPLAN, CARA
2 GADSBY WAY
BOYNTON BEACH FL

3.1 TITLE ☐ DELETE

NAME

4.1 TITLE ☐ DELETE

NAME

5.1 TITLE ☐ DELETE

NAME

6.1 TITLE ☐ DELETE

NAME

7.1 TITLE ☐ DELETE

NAME

8.1 TITLE ☐ DELETE

NAME

9.1 TITLE ☐ DELETE

NAME

10.1 TITLE ☐ DELETE

NAME

11.1 TITLE ☐ DELETE

NAME

12.1 TITLE ☐ DELETE

NAME

13.1 TITLE ☐ DELETE

NAME

14.1 TITLE ☐ DELETE

NAME

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

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

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

SIGNATURE:

Cara Koplan / CARA Koplan

2/16/96

407-641-4909

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)