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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Mar 05 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V32692

(8)

KNAPPLAN CORPORATION  Principal Place of Business Mailing Address  314 S. ERIE 6888 N.W. JORGENSEN FT. PIERCE FL 34946 PORT ST. LUCIE FL 34963-1309 US US									
						3. Date Incorporated or Qualified 04/29/1992		ate of Last R 11/1996	leport
· ·	ace of Business	28. Mailing Address	n			4. FEI Number Applied Fo			<del></del>
Suite, Apt.	it etc.		Suite, Apt. #, etc.			59-3119203 Not Applie \$8.75 Addition			
2		27				5. Certificate of Status Desired		•	equired
City & State	0	City & State				6. Election Campaign Financing			May Be
<b>Z</b> ip	Country	28 Zip	Cour	ntrv		Trust Fund Contribution  8. This corporation has liability for	intensible		to Fees
4	25	29	30	,			Yes [		. 199.032,
	9. Name and Address of	Current Registered Agent				10. Name and Address of New Re	gistered	Agent	
	RPHY, RONALD T.			81	Name				
	CLEVELAND HEIGHTS B	LVD.		82	Street Addre	ess (P.O. Box Number is Not Acceptable)			
SUIT	ELAND FL 33813		ŀ	83					
LAN.	ED-VID 7 E 000 IU								
			:	84	City		FL	85 Zip (	Code
12. TITLE	Signature Type: For printed name of Feige OF FICE	RS AND DIRECTORS  DELETE	13.		in algorithm regard	nd when reinstaling)  ADDITIONS/CHANGES TO OFFICE	DATE CERS AND	DIRECTOR Change	RS IN 12
name	KNAPP, LARRY	["] Deteile	1.1 III 1.2 NA					☐ Cusuñs	LJ AGURIO
STREET ADDRESS	314 S. ERIE DR.		1.3 ST	1.3 STREET ADDRESS					
C:1Y - S1 - 71P	FT. PIERCE FL		1.4 CIT	•••••	T-ZIP				
THLE	st Knapp, Gilda	∐ DELETE		2 1 TITLE 2 2 NAME				Change	L.] Additio
NAME STREET ADDRESS	314 S. ERIE DR.				ADDRESS				
CITY - ST - 7IP	FT. PIERCE FL		2. 4 Ci						
TITLE		DELETE	3.1 Til	LE				Change	Additio
NAME			3.2 NA						
STREET ADDRESS			3.3 ST		ADDRESS				
CHY - ST - ZIP THLE		☐ DELETE	3.4. C) 4.1 TiT		>1 - 4 IF	11.71.000.00		Change	Addition
NAME			4. 2 N/						
STREET ADDRESS			4.3 ST	REET .	ADDRESS				
CITY - S1 - 70F			4.4 01		T - ZIP		<del></del>		
THILE		☐ DELETE	5.1 T/T					Change	L Additio
NAME STREET ADDRESS			5.2 NA 5.3 ST		ADDRESS				-
CITY-ST-ZIP									
TIFLE				5.4 C(TY - ST - Z(P 6.1 T(TLE				Change	Additio
NAME			6.2 NA	ME					
STREET ADDRESS			6.3 ST	REET	ADDRESS				
CHTY - ST - ZIP	<u></u>		6.4 CI			10.0 440.07/02/2 Ct. 11.0		art 0.	I AL .
informatio Lamian d	on indicated on this annual rep officer or director of the corpor	port or supplemental annual report	is true and a powered to e	<b>ICCU</b>	irate and that	In Section 119.07(3)(i), Florida Statute my signature shall have the same legit as required by Chapter 607, Florida	al effect a	is if made un	nder oath; th