

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mattoon  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **M43842** (7)  
1. Corporation Name  
**KALICA I, INC.**



Principal Place of Business: **1420 EAST VENICE AVENUE VENICE FL 34292**  
Mailing Address: **1420 EAST VENICE AVENUE VENICE FL 34292**

3. Date Incorporated or Created: **12/23/1986**  
3a. Date of Last Report: **06/09/1995**  
4. FEI Number: **59-2748848**  
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 net state tax under s. 199.032, Florida Statutes:  Yes  No  
10. Name and Address of New Registered Agent

2. Principal Place of Business  
21 State, Apt., E., etc.  
22 City & State  
23 Zip  
24 Country  
25  
2a. Mailing Address  
26 State, Apt., etc.  
27 City & State  
28 Zip  
29 Country  
30

9. Name and Address of Current Registered Agent  
**KAPLAN, BARRY S DR.  
20191 E. COUNTRY CLUB DR.  
TOWNHOUSE #1  
MIAMI FL 33180**

11. Pursuant to the provisions of Sections 607.06(2) and 607.17(3), Florida Statutes, the above named corporation certifies the 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.06(2), Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
0 TITLE: [ ] OFFICER NAME: <b>KAPLAN, BARRY S</b> STREET ADDRESS: <b>20191 E. COUNTRY CLUB DR., TOWNHOUSE #1</b> CITY, STATE, ZIP: <b>MIAMI FL 33180</b>	[ ] DELETED	1 TITLE: [ ] OFFICER	[ ] Change [ ] Addition
ST TITLE: [ ] OFFICER NAME: <b>NOWELS, ANTHONY</b> STREET ADDRESS: <b>13821 S.W. 97TH AVENUE</b> CITY, STATE, ZIP: <b>MIAMI FL 33176</b>	[ ] DELETED	2 TITLE: [ ] OFFICER	[ ] Change [ ] Addition
[ ] OFFICER	[ ] DELETED	3 TITLE: [ ] OFFICER	[ ] Change [ ] Addition
[ ] OFFICER	[ ] DELETED	4 TITLE: [ ] OFFICER	[ ] Change [ ] Addition
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[ ] OFFICER	[ ] DELETED	10 TITLE: [ ] OFFICER	[ ] Change [ ] Addition

14. I do hereby certify that the information reported with this filing is true, correct and complete, to the best of my knowledge and belief, for the reasons stated in Section 119.071(4)(k) Florida Statutes. I further certify that the information indicated in this statement is necessary for a complete and correct report to be filed and complete 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, checked, or on a separate sheet with an address.

SIGNATURE: *Barry Kaplan* *Puro* **8/9/96** **205 936-8870**  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)