

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

CORPORATION  
ANNUAL REPORT  
1995



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

**FILED**

1995 JUL 25 AM 9:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P94000049189 (1)**

1. Corporation Name  
**GK DESIGNS, INC.**

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
**100 COLLINS AVENUE STORE #5 MIAMI BEACH FL 33139**

3. Date Incorporated or Qualified **06/27/1994** 3a. Date of Last Report

2. Principal Place of Business 2a. Mailing Address  
**21** **26**

4. FEI Number **65-0506635** Applied For Not Applicable

Suite, Apt. #, etc. Suite, Apt. #, etc.  
**22** **27**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

City & State City & State  
**23** **28**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

Zip Country Zip Country  
**24** **25** **29** **30**

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

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**ROSSZ FIU CORPORATION  
701 BRICKELL AVENUE  
SUITE 1200  
MIAMI FL 33131**

**B1** Name  
**B2** Street Address (P.O. Box Number is Not Acceptable)  
**B3**  
**B4** City **FL** **B5** 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 of corporation)

(Title of Registered Agent signature required when registering)

DATE

**12. OFFICERS AND DIRECTORS**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

TITLE	<b>D</b>
NAME	<b>KELLY, GERRY</b>
STREET ADDRESS	<b>100 COLLINS AVENUE, STORE #5</b>
CITY, ST, ZIP	<b>MIAMI BEACH FL 33139</b>
TITLE	<b>D</b>
NAME	<b>HUCKNALL, MICK</b>
STREET ADDRESS	<b>100 COLLINS AVENUE, STORE #5</b>
CITY, ST, ZIP	<b>MIAMI BEACH FL 33139</b>
TITLE	<b>D</b>
NAME	<b>OMORES, ERIC</b>
STREET ADDRESS	<b>100 COLLINS AVENUE, STORE #5</b>
CITY, ST, ZIP	<b>MIAMI BEACH FL 33139</b>
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental report is true and accurate 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 807, Florida Statutes, and that my name appears in Block 12 or Block 13 if checked, or on an attachment with my address.

SIGNATURE:

(Signature typed or printed name of director or officer)

DATE

**(305) 538-2274**  
Telephone Number

*Gerry Kelly, Pres.*