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



Sandra B. Mortham

COF ANNU	CORPORATION Sance		DEPARTMENT OF STATE dra B. Mortham peretary of State N OF CORPORATIONS		May 14 1997 8:00am Secretary of State		
GKK CO	PRPORATION	(3) Mailing Address					
20125 SE 80 THREE-SOLDS LOXAHATCHEE US	N-88AR-FLAZA 6-80 0 FL 33470	PO BOX 700 THREE GOLDEN BEAR PLAZA = 900 LOXAHATCHEE FL 33470-0700 US		Date Incorporated or Qualified 10/17/1992	3a. Date of Last Ri 04/23/1996	eport	
2. Principal Pl 21 Suite, Apt.	lace of Business	2a. Mailing Address 26 Suite, Apt. #, etc.			4. FEI Number 65-0366954	No.	plied For t Applicable
City & State		City & State			Certificate of Status Desired Election Campaign Financing	Fee Re \$5.00	quired May Be
23 Zip 24	Country 25	28 Zip 29	30	untry	Trust Fund Contribution 8. This corporation has liability for in Florida Statutes	Added to tax under s. Yes No	
11. Pursuent office or r	CORPORATE SERVICES INC 30 U.S. HIGHWAY ONE EE GOLDEN BEAR PLAZA S-300 ITH PALM BEACH FL 33408 to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Such change was	: authorize	83 84 City bove-named cored by the corporate	fress (P.O. Box Number is Not Acceptable poration submits this statement for the pi tion's board of directors. I hereby accep	FL 85 Zip C	s registered
SIGNATURE	Signature, typod or printed name of registerno agent	Land title if applicable (NC	PL Engister	rd Agent signature requ	red when reinstating)	DATE	
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTOR	S IN 12 (g)
NAME STREET ADDRESS CITY-ST-ZIP	PSTD KLEIN, SAM W. 5200 TOWN CENTER CIR., STE BOCA RATON FL	☐ DELETE	1.3 S	ITLE AME TREET ADDRESS TTY-S1-78		☐ Change	R2E034 (9/96)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GLICKMAN, CARL D. LEADER BLDG., 526 SUPERIOR CLEVELAND OH	DETETE	211 22A 23S	ITLE		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DLLETE	311 32 N	ITLE		☐ Change	Addition
TITLE NAME STREET ADDRESS		DELFTE	4.1 T 4.27 4.3 S	ITLE NAME TREET ADDRESS		☐ Change	Addition
TITLE NAME STREET ADDRESS		DELETE	5.1 f 5.2 N 5.3 S	TREET ADDRESS		Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS		DELETE	611 62 N	Y		☐ Change	Addition

CITY-S1-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 trustee 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 an address.

FILED