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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # 355874 (9)
1. Corporation Name:
KGI INC

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 11/25/1969	3a. Date of Last Report 04/27/1994
4. FEI Number 59-1279272	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.052, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

1. Principal Place of Business 1375 LOCUST ST. WALNUT CREEK CA 94596 US		2a. Mailing Address 1375 LOCUST ST 218 WALNUT CREEK CA 94596 US	
2. Principal Place of Business 21	2a. Mailing Address 26		4. FEI Number 59-1279272
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>
23. City & State	28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
24. Zip	25. Country	29. Zip	30. Country

9. Name and Address of Current Registered Agent PHILLIPS, SYLVIA 423 GIRALDA AVE CORAL GABLES FL 33134				10. Name and Address of New Registered Agent	
				81. Name	
				82. Street Address (P.O. Box Number is Not Acceptable)	
				83.	
				84. City	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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PS KAPLAN, EVELYN	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	51 CAMINO DON MIGUEL	1.2 NAME	
STREET ADDRESS	ORINDA CA	1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE	VT DAVIS, SUSAN	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6413 NW 199 TERR	2.2 NAME	
STREET ADDRESS	MIAMI FL	2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 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 annual 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ **4/16/95** (879) 932-6632
Date: _____