

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 528281 (9)

1. Corporation Name

P. I. K. INCORPORATED



Principal Place of Business

Mailing Address

633 S ANDREWS AVE #201
FT LAUDERDALE FL 33301

633 S ANDREWS AVE #201
FT LAUDERDALE FL 33301

1776 N. PINE ISLAND ROAD,
#304, PRUDENTIAL PLAZA, PLANTATION

2. Principal Place of Business

FLORIDA

2a. Mailing Address

1776 N. PINE RD

Suite, Apt. #, etc.

Suite 304

City & State

PLANTATION, FL

Zip

33322

Country

Zip

33322

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

02/16/1977

3a. Date of Last Report

02/03/1995

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

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 intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

RICHARD S ZAIFERT

633 S ANDREWS AVE #201
FT LAUDERDALE FL FL 33301

10. Name and Address of New Registered Agent

81 Name

Richard S. Zaifert

82 Street Address (P.O. Box Number is Not Acceptable)

1776 N. Pine Island Road

83

Suite 304, Prudential Plaza

84 City

Plantation

85

Zip Code

33322

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

Richard S. Zaifert

(NOTE: Registered Agent signature required when reinstating)

1/23/96

DATE

12. OFFICERS AND DIRECTORS

1. 1 TITLE ☐ DELETE
NAME GOLD, PETER M
STREET ADDRESS TOUR DU PARC, 300 LEO PARIZEAU, SUITE 2000
CITY-ST-ZIP MONTREAL, QUEBEC CANADA

2. 1 TITLE ☐ DELETE
NAME SEBASTIAN, IAN
STREET ADDRESS 11771 LAURELWOOD DRIVE
CITY-ST-ZIP STUDIO CITY CA

3. 1 TITLE ☐ DELETE
NAME GOLD, KEITH
STREET ADDRESS 52 PONNER STREET
CITY-ST-ZIP POINTE CLAIRE QU

4. 1 TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5. 1 TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6. 1 TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. 1 TITLE ☒ Change ☐ Addition
2. 1 NAME
13 STREET ADDRESS GOLD, PETER M
14 CITY-ST-ZIP 250 E 54th, #34D
NEW YORK, N.Y. 10022

2. 1 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

3. 1 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

4. 1 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

5. 1 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

6. 1 TITLE ☐ Change ☐ 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 119.07(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 in unchanged or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

20/02/96 (212) 753-2003

CR2E034 (12/95)