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Feb 11 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

1776 N PINES ISLAND RD
STE 304
PLANTATION FL 33322
US

Mailing Address

1776 N PINE ISLAND RD
STE 304
PLANTATION FL 33322-5235
US



3. Date Incorporated or Qualified 02/16/1977
3a. Date of Last Report 03/05/1996

2. Principal Place of Business

21 3180 South Ocean Dr.,
Suite, Apt. #, etc.

22 Suite 1516, Hallendale
City & State

23 Florida, 33009
Zip Country

24 USA

2a. Mailing Address

26 250 E 54th St.,
Suite, Apt. #, etc.

27 Suite 34D,
City & State

28 New York, N.Y.
Zip Country

29 10022 30 USA

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

9. Name and Address of Current Registered Agent

RICHARD S ZAIFERT
1776 N PINE ISLAND RD
STE 304 PRUDENTIAL PLAZA
PLANTATION FL 33322

10. Name and Address of New Registered Agent

81 Name PETER M. GOLD,
82 Street Address (P.O. Box Number is Not Acceptable)
83 3180 South Ocean Drive, Ste 1516,
84 HALLLENDALE, FLORIDA, 33009.
85 Zip Code FL

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 607.0504, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME GOLD, PETER M
STREET ADDRESS 250 E 54TH STE 34D
CITY-ST-ZIP NEW YORK NY

TITLE V ☐ DELETE

NAME SEBASTIAN, IAN
STREET ADDRESS 11771 LAURELWOOD DRIVE
CITY-ST-ZIP STUDIO CITY CA

TITLE S ☐ DELETE

NAME GOLD, KEITH
STREET ADDRESS 52 PONNER STREET
CITY-ST-ZIP POINTE CLAIRE QU

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-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 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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)