FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 25 AM 10:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J17416** **(5)**

1. Corporation Name
FKG MANAGEMENT SERVICES, INC.

Principal Place of Business	Mailing Address
1500 SAN REMO AVENUE [illegible] CORAL GABLES FL 33146-3047 US	1500 SAN REMO AVENUE [illegible] CORAL GABLES FL 33146-3047 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/02/1986
3a. Date of Last Report: 03/22/1994

2. Principal Place of Business
21
Suite, Apt. #, etc.: 22 Suite 245
City & State: 23
Zip: 24 Country: 25

2a. Mailing Address
26
Suite, Apt. #, etc.: 27 Suite 245
City & State: 28
Zip: 29 Country: 30

4. FEI Number: 59-2695787 ☐ 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 § 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

HUGHEY, BONNIE J.
1500 SAN REMO AVENUE, SUITE #239
CORAL GABLES FL 33146-3047

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE		☐ Change ☐ Addition
NAME	KAISER, FRITZ	12 NAME		
STREET ADDRESS	AUSTRASSE 9	13 STREET ADDRESS		
CITY-ST-ZIP	VADUZ, LIECHTENSTEIN	14 CITY-ST-ZIP		
TITLE	STD	21 TITLE		☒ Change ☐ Addition
NAME	YOUNG, DAVID F.	22 NAME		
STREET ADDRESS	1500 SAN REMO AVE. #239	23 STREET ADDRESS	Suite 245	
CITY-ST-ZIP	CORAL GABLES FL	24 CITY-ST-ZIP		
TITLE	V	31 TITLE		☒ Change ☐ Addition
NAME	YOUNG, DAVID F.	32 NAME		
STREET ADDRESS	1500 SAN REMO AVE #239	33 STREET ADDRESS	Suite 245	
CITY-ST-ZIP	CORAL GABLES FL	34 CITY-ST-ZIP		
TITLE	V	41 TITLE		☐ Change ☐ Addition
NAME	QUADERER, HEIMO	42 NAME		
STREET ADDRESS	AUSTRASSE 9	43 STREET ADDRESS		
CITY-ST-ZIP	VADUZ, LIECHTENSTEIN	44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		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 if changed or added above.

SIGNATURE: _____ April 7, 1995 (305) 666-0000
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER Date Daytime Phone #
David F. Young, Vice President

014231 CP