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Apr 15 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 # J17416

(5)

1. Corporation Name

FKG MANAGEMENT SERVICES, INC.

Principal Place of Business

1500 SAN REMO AVENUE
SUITE 237
CORAL GABLES FL 33146-3047
US

Mailing Address

1500 SAN REMO AVENUE
SUITE 237
CORAL GABLES FL 33146-3047
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

3. Date Incorporated or Qualified

06/02/1986

3a. Date of Last Report

03/19/1996

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 s. 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

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 PD ☐ DELETE

NAME KAISER, FRITZ
STREET ADDRESS AUSTRASSE 9
CITY-ST-ZIP VADUZ, LIECHTENSTEIN

TITLE STD ☐ DELETE

NAME YOUNG, DAVID F.
STREET ADDRESS 1500 SAN REMO AVE. #245
CITY-ST-ZIP CORAL GABLES FL 54

TITLE V ☐ DELETE

NAME YOUNG, DAVID F.
STREET ADDRESS 1500 SAN REMO AVE. #245
CITY-ST-ZIP CORAL GABLES FL 54

TITLE V ☐ DELETE

NAME QUADERER, HEIMO
STREET ADDRESS AUSTRASSE 9
CITY-ST-ZIP VADUZ, LIECHTENSTEIN

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 S/T/D ☒ Change ☐ Addition

2.2 NAME Young, David F.
2.3 STREET ADDRESS 1500 San Remo Ave., Suite 245
2.4 CITY-ST-ZIP Coral Gables, FL 33146-3054

3.1 TITLE V ☒ Change ☐ Addition

3.2 NAME Young, David F.
3.3 STREET ADDRESS 1500 San Remo Ave., Suite 245
3.4 CITY-ST-ZIP Coral Gables, FL 33146-3054

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, 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 of the corporation; and that I am authorized to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report, or on an attachment with this report.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/97

(305) 666-0000

Date

Daytime Phone #

CR2E034 (9/96)