

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

FILED
Jul 24 1996 8:00 am
Secretary of State

DOCUMENT # J36855 (1)

1. Corporation Name

G.K.G.F. CORPORATION, INC.

Principal Place of Business

6060 SW 18TH ST., SUITE 104
BOCA RATON, FL. 33433

Mailing Address

6060 SW 18TH ST., SUITE 104
BOCA RATON, FL. 33433

3. Date Incorporated or Qualified

10/08/86

3a. Date of Last Report

2. Principal Place of Business

21 429 Walnut

Suite, Apt. #, etc.

22 City & State

23 Rochester, MI

24 Zip

48307

Country

25 U.S.A.

2a. Mailing Address

26 429 Walnut

Suite, Apt. #, etc.

27 City & State

28 Rochester, MI

29 Zip

48307

Country

30 U.S.A.

4. FEI Number

59-2727167

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

MARSH, GARRY
6060 S.W. 18TH STREET
BOCA RATON, FL. 33433

10. Name and Address of New Registered Agent

81 Name

GARRY MARSH

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

5701 Pine Island Road, Suite 370

83

84 City

Tamarac

FL

85 Zip Code

33321

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]

[Signature]

[Signature]

[Signature]

DATE

12. OFFICERS AND DIRECTORS

TITLE S/V/D ☐ DELETE
NAME MARSH, GARRY
STREET ADDRESS 3411 N.W. 71ST ST
CITY-ST-ZIP COCONUT CREEK FL

TITLE P/T/D ☐ DELETE
NAME STRAMAGLIA, KATHERINE
STREET ADDRESS 3411 N.W. 71ST ST
CITY-ST-ZIP COCONUT CREEK, FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 4366 ORION ROAD
1.4 CITY-ST-ZIP ROCHESTER, MI 48306

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 4366 ORION ROAD
2.4 CITY-ST-ZIP ROCHESTER, MI 48306

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 300001904123
5.3 STREET ADDRESS -07/25/96--01040--023
5.4 CITY-ST-ZIP ***225.00

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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(a) 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, unchanged, or on an attachment with an address

SIGNATURE

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
GARRY MARSH

[Signature]

DATE

DATE