


**FILED**  
**Mar 29, 1999 8:00 am**  
**Secretary of State**

03-29-1999 90019 015 \*\*\*300.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # L76357**

1. Corporation Name

**GKI MARKETING GROUP, INC.**

Principal Place of Business

Mailing Address

**1040 BAYVIEW DR #330**  
**FT LAUDERDALE FL 33304**  
**US**
**P O BOX 22674**  
**FT LAUDERDALE FL 33335**  
**US**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

**05/30/1990**

4. FEI Number

**65-0198456**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional Fee Required6. Election Campaign Financing Trust Fund Contribution ☐**\$5.00** May Be Added to Fees8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

**21**  
**Suite, Apt. #, etc.**
**22**  
**City & State**
**23**  
**Zip Country**
**24**  
**25**

2a. Mailing Address

**26**  
**Suite, Apt. #, etc.**
**27**  
**City & State**
**28**  
**Zip Country**
**29**  
**30**

9. Name and Address of Current Registered Agent

**LANE, HAROLD**  
**400 N STATE RD 7**  
**STE 310**  
**MARGATE FL 33063**

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	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>KURDIAN, GREGORY</b>	
STREET ADDRESS	<b>1040 BAYVIEW DR #330</b>	
CITY-ST-ZIP	<b>FT LAUDERDALE FL 33304</b>	

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SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**April 13, 1999** **(954) 565-9999**

Date

Daytime Phone #

CR2E034 (11/98)