

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P11889 (3)

1. Corporation Name

THE KTG GROUP OF FLORIDA, INC.



Principal Place of Business

701 EAST BROWARD BLVD.  
SUITE G  
FT LAUDERDALE FL 33301  
US

Mailing Address

2 EXECUTIVE CIRCLE  
#190  
IRVIN CA 92714  
US

3. Date Incorporated or Qualified  
10/23/1986

3a. Date of Last Report  
02/24/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 17992 - MITCHELL SO.

27 Suite, Apt. #, etc.

28 City & State

IRVINE CA

29 Zip

92714

30 Country

USA

4. FEI Number  
33-0202233

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

FOIT, JOHN P.  
701 EAST BROWARD BLVD.  
SUITE G  
FT. LAUDERDALE FL 33301

10. Name and Address of New Registered Agent

81 Name

JOHN P. FOIT

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

701 - EAST BROWARD BLVD.

83

SUITE G

84 City

FT. LAUDERDALE

85 Zip Code

FL 33301

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 in ink of registered agent or authorized officer

(NOT E. Registered Agent Signature required when not stated)

DATE

12. OFFICERS AND DIRECTORS

TITLE DC ~~DELETE~~

NAME YAMAFUSI, ROBERT M  
STREET ADDRESS Z-EXECUTIVE CIRCLE STE 190  
CITY- ST- ZIP IRVINE CA

TITLE DST ☐ DELETE

NAME THOMAS, JAMES L  
STREET ADDRESS 2 EXECUTIVE CIRCLE, STE 190  
CITY- ST- ZIP IRVINE CA

TITLE DP ☐ DELETE

NAME FOIT, JOHN P  
STREET ADDRESS 701 E BROWARD BLVD SUITE G  
CITY- ST- ZIP FT LAUDERDALE 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DC ☐ Change ☒ Addition

1.2 NAME GARY GREGSON  
1.3 STREET ADDRESS 17992 MITCHELL SO.  
1.4 CITY- ST- ZIP IRVINE, CA. 92714

2.1 TITLE DST ☒ Change ☐ Addition

2.2 NAME THOMAS, JAMES L.  
2.3 STREET ADDRESS 17992 MITCHELL SO.  
2.4 CITY- ST- ZIP IRVINE, CA. 92714

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 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 Book 12 or Block 12 if changed, or on an attachment with an address.

SIGNATURE:

*James L. Thomas*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
JAMES L. THOMAS, C.P.A.

3-28-96

(714) 851-2133

Date of Filing

CR2E034 (12/95)