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May 12 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 # P11889 (3)

1. Corporation Name
THE KTGy GROUP OF FLORIDA, INC.

Principal Place of Business
701 EAST BROWARD BLVD.
SUITE G
FT LAUDERDALE FL 33301
US

Mailing Address
17992 MITCHELL S
#190
IRVINE CA 92614-6813
US



2. Principal Place of Business
21 400 - S.E. 12th ST.

2a. Mailing Address
26 Suite, Apt. #, etc.

22 BUILDING E
City & State

27 City & State

23 FT. LAUDERDALE, FL
Zip Country

28 City & State
29 Zip Country

24 33316
25

30

3. Date Incorporated or Qualified
10/23/1986

3a. Date of Last Report
04/17/1996

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

6. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name JOHN P. FOIT
82 Street Address (P.O. Box Number is Not Acceptable)
400 S.E. 12th ST.
83 BUILDING E
84 City FT. LAUDERDALE FL 85 Zip Code 33316

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 JOHN P. FOIT, PRESIDENT

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DC ☒ DELETE
NAME GREGSON, G ARY
STREET ADDRESS 17992 MITCHELL S
CITY-ST-ZIP IRVINE CA

1.1 TITLE DIRECTOR ☐ Change ☒ Addition
1.2 NAME ROBERT YAMAFUJI
1.3 STREET ADDRESS 17992 MITCHELL S.
1.4 CITY-ST-ZIP IRVINE, CA. 92614

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

2.1 TITLE DCT ☒ Change ☐ Addition
2.2 NAME JAMES L. THOMAS
2.3 STREET ADDRESS 17992 MITCHELL S.
2.4 CITY-ST-ZIP IRVINE, CA. 92614

TITLE DP ☐ DELETE
NAME FOTI, JOHN P
STREET ADDRESS 701 E BROWARD BLVD SUITE G
CITY-ST-ZIP FT LAUDERDALE FL

3.1 TITLE DPF ☒ Change ☐ Addition
3.2 NAME JOHN P. FOTI
3.3 STREET ADDRESS 400 - S.E. 12th ST. , BLDG E.
3.4 CITY-ST-ZIP FT. LAUDERDALE, FL. 33316

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
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 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 on an attachment with an address.

SIGNATURE:

JAMES THOMAS, Treasurer 4/14/97 (714) 851-2133

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)