

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P 11889

FILED
Jun 05, 2000 8:00 am
Secretary of State

06-05-2000 90023 038 ***150.00

1. Entity Name
THE KTG4 GROUP OF FLORIDA, INC.

Principal Place of Business Mailing Address
2700 W. CYPRESS CREEK Rd SAME
SUITE D100
FORT LAUDERDALE, FL. 33309

00059304

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country
BROWARD

4. FEI Number **33-0202233** Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
FOTI, JOHN P.
2700 W. CYPRESS CREEK Rd
SUITE D 100
FORT LAUDERDALE, FL. 33309

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D <input checked="" type="checkbox"/> Delete
NAME	YAMAFUJI, ROBERT
STREET ADDRESS	17992 MITCHELL SO.
CITY-ST-ZIP	IRVINE, CA. 92614
TITLE	DCT <input type="checkbox"/> Delete
NAME	THOMAS, JAMES L.
STREET ADDRESS	17992 MITCHELL SO.
CITY-ST-ZIP	IRVINE, CA. 92614
TITLE	DPS <input type="checkbox"/> Delete
NAME	FOTI, JOHN P.
STREET ADDRESS	2700 W. CYPRESS CREEK Rd
CITY-ST-ZIP	STE D 100 FORT LAUDERDALE, FL. 33309
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TULLY, JOHN P.
STREET ADDRESS	17992 MITCHELL SO.
CITY-ST-ZIP	IRVINE, CA. 92614
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. I 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: James L. Thomas **JAMES L. THOMAS** Date: 5-17-2000 Daytime Phone #: (949) 851-2133

CR2E034 (9/99)