## **FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**PROFIT CORPORATION ANNUAL REPORT** 1997



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P94000078221 (6) DOCUMENT #

## FGK CORPORATION

Principal Place of Business

Mailing Address

## **FILED** Apr 21 1997 8:00am Secretary of State



16331 SW 285 HOMESTEAD F			HOMESTEAD FL 33090-1427				
us La da					3. Date Incorporated or Qualified 10/21/1994	3a. Date of Last Report 02/23/1996	
2. Principal P	lace of Business	2a. Mailing Addres	s .		4. FEI Number		oplied For
21		26	26		65-0555764	N	ot Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	1 7	Additional equired
City & State	е	City & State	City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be	
Zip	Country			ntry	8. This corporation has liability for intangible tax under s. 199.032,		
24	25	29	30			Yes No	
9, Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CUM	AMINS, B J	, , , , , , , , , , , , , , , , , , , ,		81 Name			
400 SE 8TH ST. FT. LAUDERDALE FL				82 Street Address (P.O. Box Number is Not Acceptable)			
	ENODERDALE I'L			83		<u></u>	
•				84 City		FL 85 Zip	Code
41 Pursuant	to the provisions of Sections 60	7 0502 and 607 1508 Florida	Statutes the at	nove-pamed	cornoration submits this statement for the r		te renistered
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 registe	nod screen and title at a cities the	(NO1) : Provietoro	Anont signature	required when reinstating)	DATL	
12.		S AND DIRECTORS	13.	71 gent bignate o	ADDITIONS/CHANGES TO OFFIC		RS IN 12
TITLE	PD □ DELETE 1.1 TI		ILE			Addition 8	
NAME	KLISIEWECZ, FRANCES 1.2 N		IME .	÷	_		
STREET ADDRESS	ARABA ON ARTHUR		1,3 ST	1.3 STREET ADDRESS 16331 SW 285 STREET 1.4 CITY-ST-ZIP HOMESTEAD 9 33033			
CITY-ST-ZIP	HOMESTEAD FL		1.4 CI	Y-ST-ZIP HOMPSTEAD FT 33033		5	
TITLE	DELETE 2.1				Change	Addition C	
NAME	2.5		2.2 NA	M.E		·	
STREET ADDRESS	ESS		2.3 STREET ADDRESS		. '		
CITY-ST-ZIP			2.4 C	ITY - ST - ZIP			
TITLE	DELETE 3.1			LE		Change	Addition
NAME			3.2 N/	ME .			
STREET ADDRESS			3.3 S1	RELT ADDRESS			
CITY-ST-ZIP			3.4. C	TY-ST-ZIP			
TITLE		☐ DELE	1E 4.1 TI	LE		☐ Change	Addition
NAME			4.2 N	AME			
STREET ADDRESS			4.3 ST	REET ADDRESS			
CITY-ST-ZIP			4.4 GI	TY-S1-ZIP			
TITLE	☐ DELETE 5.111			LE		Change	Addition
NAME			5.2 N/	ME .			
STREET ADDRESS			5381	REE1 ADDRESS			į
CITY-ST-ZIP				IY-\$1-ZIP			
TITLE		☐ DETE	1E 61111	LE		Change	Addition
NAME			62 N/	ME JM.			
STREET ADDRESS			6351	REET ADDRESS			
CITY-ST-ZIP			6.4 Cf	Y-ST-ZIP			

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 trusted 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.