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

CORPORATION **ANNUAL REPORT**



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

1996

P95000091804 (1)

4	MENT # P950	00091804 ((1)	
K.G.F.	JR. HOLDINGS, INC.			
Principal Place	e of Business	Mailing Address		r neumen me samer erun esaur esuur eeun eevan eevan tehat kundi keini elein elein elein elein elein elein elein
2447 MONRO HOLLYWOOD		2447 MONROE STE HOLLYWOOD FL 3:		
2 Deinstaal Di				3. Date Incorporated or Qualified 12/04/1995
21	ace of Business	2a. Mailing Address		4. FELNumber OL 3518 ied For
Suite, Apt.	#. etc.	Suite, Apt. #, etc		Mot Applicable
22	,	27	<i>.</i> .	5. Certificate of Status Desired \$8.75 Additional
City & State	9	City & State		6. Election Campaign Financing \$5.00 May 20
23		28		Trust Fund Contribution S 5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30	This corporation has liability for intangible tax under s 199.032, Florida Statutes
	9. Name and Address of Cu	rrent Registered Agent		10. Name and Address of New Registered Agent
PH CAN I	NAMEDT A		81 Name	
	ROBERT G		82 Street A	Address (P.O. Box Number is Not Acceptable)
	ONROE STREET		<u> </u>	
HOLLIW	000 FL 33020		83	
		_	84 City	FL 85 Zip Code
11. Pursuant t or register familiar wit	o the provisions of Sections 607.0 ed agent, or both, in the State of F h, and accept the obligations of, S	502 and 607.1508, Florida Sta lorida. Such change was auth Section 607.0505, Florida Stati	atutes, the above-named cor orized by the corporation's tutes.	rporation submits this statement for the purpose of changing its registered office board of directors. I hereby accept the appointment as registered agent. I am
	Signature, typed or printed name of registered a		(NOTE Registered Agent signature re-	quired when re instating)
12.	OFFICERS D	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	Fileni, Robert G	☐ DELETE	1. 1 THLE	Chang: Addition
NAME CIRCLE ADDRESS	2447 MONROE STREET		1.2 NAME	
STREET ADDRESS	HOLLYWOOD FL 33020		1.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLINGOD I E GOOLG	[] DELETE	1.4 CITY-ST-ZIP	
NAME			2 1 THLE 2 2 NAME	Change Addition
STREET ADDRESS			2.3 STREET ADDRESS	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	
TITLE		DELETE	3. 1 TITLE	Change: Addition
NAME			3.2 NAME	Criongs Abbilloil
STREET ADDRESS			3.3. STREET ADDRESS	
CITY-ST-ZIP			34 CHY-ST-ZIP	
TITLE		☐ DELETE	4. 1 TITLE	Change Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP		PM 65.55	4.4 CITY-ST-ZIP	
TITLE		DELETE	5 1 TITLE	☐ Change ☐ Addition
NAME STREET ADDRESS			52 NAME	
			53 STREET ADDRESS	
DITY-ST-ZIP TITLE		DELETE	5.4 CITY-ST-ZIP	
NAME		[] receit	6 1 TITLE	☐ Change ☐ Addition
STREET ADDRESS			6.2 NAME	
CITY-ST-ZIP			6.3 STREET ADDRESS	
4.4 ()			6 4 CITY-ST-ZIP	

SIGNATURE:

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)(k). 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:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)