

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

FILED

May 01 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **V53904**

(1)

1. Corporation Name

P.T.K. OF FLORIDA, INC.

Principal Place of Business

**7400 N. FEDERAL HWY
BOCA RATON FL 33487**

Mailing Address

**7400 N. FEDERAL HWY
BOCA RATON FL 33487-1610**

3. Date Incorporated or Qualified

07/29/1992

3a. Date of Last Report

06/03/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number

65-0369987

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

10. Name and Address of New Registered Agent

**WHALEN, TIMOTHY L
400 AUSTRALIAN AVE., SOUTH
STE. 850
WEST PALM BEACH FL 33401**

81 Name

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

83

84 City

FL

85 Zip Code

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 registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input type="checkbox"/> DELETE
NAME	TABIBZADEH, REZA	
STREET ADDRESS	9985 DAHLIA AVENUE	
CITY-ST-ZIP	PALM BEACH GRDNS FL	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	LADJEVARDI, NEDA	
STREET ADDRESS	9985 DAHLIA AVENUE	
CITY-ST-ZIP	PALM BEACH GRDNS FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	HOJREH, TAGHI	
STREET ADDRESS	9985 DAHLIA AVENUE	
CITY-ST-ZIP	PALM BEACH GRDNS FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	TABIBZADEH, JAFAR	
STREET ADDRESS	9985 DAHLIA AVENUE	
CITY-ST-ZIP	PALM BEACH GRDNS FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	KASHI, HOSSEIN	
STREET ADDRESS	9985 DAHLIA AVENUE	
CITY-ST-ZIP	PALM BEACH GRDNS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/97

Date

(561)241-6400

Daytime Phone *

0339852

CR2E034 (9/96)