

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

**FILED**  
**Apr 26, 1999 8:00 am**  
**Secretary of State**

04-26-1999 90036 015 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **J36855**

1. Corporation Name  
**G.K.G.F. CORPORATION, INC.**



Principal Place of Business      Mailing Address  
**429 WALNUT**                              **429 WALNUT**  
**ROCHESTER MI 48307**                      **ROCHESTER MI 48307**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      2a. Mailing Address  
**21 SAME AS ABOVE**                      **26 SAME AS ABOVE**  
 Suite, Apt. #, etc.                      Suite, Apt. #, etc.  
**22**    **27**  
 City & State                              City & State  
**23**    **28**  
 Zip    Zip    Country    Country  
**24**    **25**    **29**    **30**

3. Date Incorporated or Qualified  
**10/08/1986**

4. FEI Number                              Applied For  
**59-2727167**                              Not Applicable

5. Certificate of Status Desired            **\$8.75 Additional Fee Required**

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

8. This corporation owes the current year Intangible Personal Property Tax.       Yes       No      **N/A**

9. Name and Address of Current Registered Agent  
**FURR & COHEN P.A.**  
**INTERSTATE PLAZA, SUITE 412**  
**1499 WEST PALMETTO PARK ROAD**  
**BOCA RATON FL 33486**

10. Name and Address of New Registered Agent  
**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    (NOTE: Registered Agent signature required when reinstating)    DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>SVD</b>	<input type="checkbox"/> DELETE
NAME	<b>MARSH, GARRY</b>	
STREET ADDRESS	<b>4366 ORION RD.</b>	
CITY-ST-ZIP	<b>ROCHESTER MI 48306</b>	
TITLE	<b>PTD</b>	<input type="checkbox"/> DELETE
NAME	<b>STRAMAGLIA-MARSH, KATHERINE</b>	
STREET ADDRESS	<b>4366 ORION RD</b>	
CITY-ST-ZIP	<b>ROCHESTER FL 48306</b>	
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		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>NO CHANGES</b>
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	
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 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, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**      **4-19-99**      **248 657 8288**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (11/98)