

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **487943** (3)

1. Corporation Name  
**ROB-KING ENTERPRISES, INC.**



Principal Place of Business: **3712 BROADWAY P.O. BOX 078797 WEST PALM BEACH FL 33407**  
Mailing Address: **3712 BROADWAY P.O. BOX 078797 WEST PALM BEACH FL 33407**

3. Date Incorporated or Qualified: **10/20/1975**  
3a. Date of Last Report: **03/28/1995**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	<b>59-1640520</b>	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22	27	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
City & State	City & State	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
23	28	10. Name and Address of New Registered Agent	
Zip	Country	24	25
24	25	29	30

9. Name and Address of Current Registered Agent

**MORRIS, ROBERT E  
145 OCEAN AVE APT 609  
PALM BEACH SHORES  
PALM BEACH FL 33404**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>P MORRIS, ROBERT K</b>	12 NAME	
STREET ADDRESS	<b>220 CHURCHILL ROAD</b>	13 STREET ADDRESS	
CITY-STATE-ZIP	<b>WEST PALM BEACH FL</b>	14 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>V MORRIS, DOROTHY K</b>	22 NAME	
STREET ADDRESS	<b>145 OCEAN AVE</b>	23 STREET ADDRESS	
CITY-STATE-ZIP	<b>PALM BCH SHRS FL</b>	24 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	3. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>T MORRIS, PAUL K</b>	32 NAME	<b>T Morris, Paul K</b>
STREET ADDRESS	<b>1 HEWITT DRIVE</b>	33 STREET ADDRESS	<b>14721 Grandview</b>
CITY-STATE-ZIP	<b>NORTHPORT NY</b>	34 CITY-STATE-ZIP	<b>66221</b>
TITLE	<input type="checkbox"/> DELETE	4. TITLE	<b>Overland Park Kansas</b>
NAME	<b>S MORRIS, ROBERT E</b>	42 NAME	
STREET ADDRESS	<b>145 OCEAN AVE</b>	43 STREET ADDRESS	
CITY-STATE-ZIP	<b>PALM BCH SHRS FL</b>	44 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-STATE-ZIP		54 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-STATE-ZIP		64 CITY-STATE-ZIP	

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: *Robert K. Morris* Robert K. Morris, President 2/22/96 407-842-8041  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)