

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 31 PM 12: 05

DOCUMENT # **P93000040950 (6)**

1. Corporation Name
KINGS SUPERMARKET INC.

Principal Place of business

**5345 WEST HWY 192
KISSIMMEE FL 34746**

Mailing Address

**2954 VINELAND ROAD
KISSIMMEE FL 34747
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **06/03/1993** 3a. Date of Last Report **04/25/1994**

4. FFI Number **59-3188857** 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

21	22	23	24	25	26	27	28	29	30
2. Principal Place of Business		2a. Mailing Address		2b. FFI Number		2c. Certificate of Status Desired		2d. Election Campaign Financing	
7562 W. Hwy. 192		7562 W. Hwy. 192		59-3188857		<input type="checkbox"/>		<input type="checkbox"/>	
Suite, Apt. #, etc		Suite, Apt. #, etc		City & State		City & State		Zip	
				Kissimmee, FL		Kissimmee, FL		34747	
Country		Country		Zip		Zip		Country	
Osceola		Osceola		34747		34747		Osceola	

9. Name and Address of Current Registered Agent

**MAALI, AMJAD
5345 WEST HWY 192
KISSIMMEE FL 34746**

10. Name and Address of New Registered Agent

81	82	83	84	85
Name	Street Address (P.O. Box Number is Not Acceptable)		City	Zip Code
Amjad Maali	7562 W. Hwy. 192		Kissimmee	FL 34747

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 re-statutes)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	D
NAME	MADLI, AMJAD
STREET ADDRESS	9043 CLASSIC CT
CITY - ST - ZIP	ORLANDO FL
TITLE	D
NAME	GARIB AHMAD
STREET ADDRESS	9447 KILGONRE ROAD
CITY - ST - ZIP	ORLANDO FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - 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)(a), 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. I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 1807, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Amjad Maali*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Division Form 8

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CORPORATION ANNUAL REPORT 1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 32 PM 1:23

DOCUMENT # **P93000041618 (8)**

1. Corporation Name
PERFECTION ARCHITECTURAL SYSTEMS, INC.

Principal Place of Business: **2040 N. RIO GRANDE AVE. ORLANDO FL 32804**
Mailing Address: **P O BOX 3107 BOYNTON BCH FL 33424 US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **06/11/1993** 3a. Date of Last Report: **04/08/1994**

4. FEI Number: **65-0416393** 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

2. Principal Place of Business

21. Suite, Apt. #, etc.

22. City & State

23. Zip Country

24. 25. 26. Mailing Address: **P.O. Box 4178**

27. Suite, Apt. #, etc.

28. City & State: **Boynton Bch**

29. Zip: **Fl** Country

30. 31. 32. 33.

9. Name and Address of Current Registered Agent

**MEADE, CURTIS D
10827 GLENEAGLES ROAD
BOYNTON BEACH FL 33436**

10. Name and Address of New Registered Agent

81. Name: **Curtis D. Meade**

82. Street Address (P.O. Box Number is Not Acceptable): **4301 TROWN LANE**

83. 84. City: **Boynton Bch** 85. Zip Code: **FL 33436**

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 officer or registered agent, in 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: *Curtis D. Meade* DATE: **3/23/95**

12. OFFICERS AND DIRECTORS

TITLE: **P**
NAME: **MEADE, CURTIS D** Address only Change
STREET ADDRESS: **10827 GLENEAYLES RD**
CITY, ST, ZIP: **BOYNTON BCH FL**

TITLE: **VPT**
NAME: **MEADE, CURTIS D** Address only Change
STREET ADDRESS: **10827 GLENEAYLES RD**
CITY, ST, ZIP: **BOYNTON BCH FL**

TITLE: **S**
NAME: **WEEKES, PAMELA**
STREET ADDRESS: **4575 TURNBERRY CT**
CITY, ST, ZIP: **BOYNTON BCH FL**

TITLE: NAME: STREET ADDRESS: CITY, ST, ZIP:

TITLE: NAME: STREET ADDRESS: CITY, ST, ZIP:

TITLE: NAME: STREET ADDRESS: CITY, ST, ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE: **Curtis D. Meade** Change Addition
1.2 NAME: **4301 TROWN LANE**
1.3 STREET ADDRESS: **Boynton Bch, FL 33436**
1.4 CITY, ST, ZIP:

2.1 TITLE: **Curtis D. Meade** Change Addition
2.2 NAME: **4301 TROWN LANE**
2.3 STREET ADDRESS: **Boynton Bch FL 33436**
2.4 CITY, ST, ZIP:

3.1 TITLE: Change Addition
3.2 NAME: Change Addition
3.3 STREET ADDRESS: Change Addition
3.4 CITY, ST, ZIP:

4.1 TITLE: Change Addition
4.2 NAME: Change Addition
4.3 STREET ADDRESS: Change Addition
4.4 CITY, ST, ZIP:

5.1 TITLE: Change Addition
5.2 NAME: Change Addition
5.3 STREET ADDRESS: Change Addition
5.4 CITY, ST, ZIP:

6.1 TITLE: Change Addition
6.2 NAME: Change Addition
6.3 STREET ADDRESS: Change Addition
6.4 CITY, ST, 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)(b), Florida Statutes. I further certify that the information included in 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 officer 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 or Block 14 or Block 15 of this report with an address.

SIGNATURE: *Curtis D. Meade* DATE: **3/23/95** **407/736/8682**