

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**FILED**  
**Jul 28, 1999 8:00 am**  
**Secretary of State**

07-28-1999 90006 028 \*\*\*150.00

DOCUMENT # **P94000040675**

1. Corporation Name

**KING SOLOMON ENTERPRISES, INC.**

Principal Place of Business

Mailing Address

**2130 NE 211 TERR  
N MIAMI BEACH FL 33179  
US**

**2130 NE 211 TERR  
NORTH MIAMI BEACH FL 33179  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**05/31/1994**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

**65-0496650**

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 owes the current year  
Intangible Personal Property. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SOLOMON, IRA  
2130 N E 211TH TERRACE  
N MIAMI BEACH FL 33179**

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 ☐ DELETE  
NAME **D SOLOMON, IRA**  
STREET ADDRESS **2130 NE 211 TERR**  
CITY-ST-ZIP **NORTH MIAMI BEACH FL**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)

547141-90006-28  
P94000040675

**DASZKAL, BOLTON & MANELA**

**CERTIFIED PUBLIC ACCOUNTANTS**  
**A PARTNERSHIP OF PROFESSIONAL ASSOCIATIONS**

240 W. PALMETTO PARK ROAD, SUITE #300 · BOCA RATON, FLORIDA 33432  
TELEPHONE (561)367-1040 FAX (561)750-3236

JEFFREY A. BOLTON, CPA, P.A.  
MICHAEL I. DASZKAL, CPA, P.A.  
ROBERT A. MANELA, CPA, P.A.  
TIMOTHY R. DEVLIN, CPA, PA.

MEMBER OF THE AMERICAN INSTITUTE  
OF CERTIFIED PUBLIC ACCOUNTANTS

July 10, 1999

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: King Solomon Enterprises, Inc.  
FEIN: 65-0496650

Gentlemen:

We are enclosing the completed 2nd Notice Corporation Annual Report and the renewal fee of \$150.00. Our client respectfully requests abatement of all penalties and additional fees for the following reasons:

- Our client never received the Annual Report Renewal form.
- King Solomon Enterprises, Inc. has retained us to assist them in all compliance reporting, both on the state and federal level.

It is not the intention of the legislature of the State of Florida to penalize corporations who have made every effort to comply with all applicable laws and regulations. Our client is submitting its 1999 Profit Corporation Annual Report with the applicable renewal fee along with this letter and respectfully requests that this be accepted as is.

Please contact me if you have any questions or require additional information. Thank you for your cooperation in this matter.