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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT # P92000002547

KING SYSTEMS, INC.

,								
Principal Place	of Business	Mailing Address	ailing Address		i idetidet tie inter bett getti ont	1 BBier Afein Banca meat	Bittis Millit 1881 1881	
13350 S. CLEVELAND AVENUE		15600 FIDDLESTICKS BLVD						
l '		FT. MYERS FL 33912			DO NOT WRIT	DO NOT WRITE IN THIS SPACE		
FT. MYERS FL 33907 US		03			3. Date Incorporated or Qualifed			
**					11/02/1992			
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number		Applied For	
21		26			65-0374192		Not Applicable	
Suite, Apt.	#, etc	Suite, Apt. #, etc.	• • •	-	5. Certificate of Status Desired	1 1	75 Additional e Required	
22		27 City 8 State						
City & State	•	City & State			Election Campaign Financing Trust Fund Contribution	1 1	.00 May Be ded to Fees	
Zip	Country			 _	8. This corporation owes the curre			
24	25	29 30		,	Personal Property Tax.	Yesائے		
	9. Name and Address of Current				10. Name and Address of New Ro	egistered Agent		
			81	Name			-	
ZARDETTO, GIACOMO			82	Street A	Address (P.O. Box Number is Not Acceptal	ble)	-	
15600 FIDDLESTICKS BLVD FT. MYERS FL 33912								
F1. N	11EKS FL 33912		83	'				
			84	City		EI 85	Zip Code	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes,				e-named o	corporation submits this statement for the r	ouroose of changin	a its registered	
office or re agent. I ar	egistered agent, or both, in the State α n familiar with, and accept the obligati	of Florida, Such change was autions of, Section 607.0505, Florid	horized by la Statute:	the corpo s.	ration's board of directors. I hereby accept	t the appointment a	is registered	
12.	Signature, typed or printed name of registered agent OFFICERS AND		13.	ent signature re	equired when reinstating) ADDITIONS/CHANGES TO OFF		CTORS IN 12	
TITLE	DPS OFFICERS AND	DELETE	1.1 TITLE			Cha		
NAME	ZARDETTO GIACOMO		1.2 NAME					
STREET ADDRESS	15600 FIDDLESTICKS BLVD		1.3 STREE	T ADDRESS				
CITY-ST-ZIP	FT. MYERS FL 33912		1.4 CITY-1	ST-ZIP	-			
TITLE	DVS DELETE		2.1 TITLE			☐ Char	inge	
NAME	ZARDETTO, MIRIAM		2.2 NAME	Ì				
STREET ADDRESS	10000 1155220110110 5210			ET ADDRESS			-	
CITY-ST-ZIP	FT. MYERS FL 33912	☐ DELETE	2. 4 CITY-	ST-ZIP	-	☐ Chai	ange Addition	
TITLE	,		3.1 IFILE					
NAME	ZARDETTO, DEREK 15600 FIDDLESTICKS BLVD			ET ADDRESS				
STREET ADDRESS CITY-ST-ZIP	FT MYERS FL 33912			ST-ZIP				
TITLE	D	☐ DELETE	4.1 TITLE	1		Cha	ange Addition	
NAME	SALUME, RAQUEL		4. 2 NAME	: 1				
STREET ADDRESS			4.3 STREE	ET ADORESS				
CITY-ST-ZIP	FT MYERS FL 33912		4.4 CITY-	ST-ZIP				
TITLE		☐ DELETE	5.1 TITLE			Cha	ange	
NAME			5.2 NAME	f				
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP			5.4 CITY-1				T A J.D	
TITLE		☐ DELETE	6.1 TITLE			☐ Cha	ange Addition	
NAME			6.2 NAME	l				

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.

6.3 STREET ADDRÉSS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90019 012 ***150.00