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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT #

542925

(3)

KINGS III, INC.

Principa:	Place	of Bu	sines
	DOV	4020	

PALMETTO FL 34220

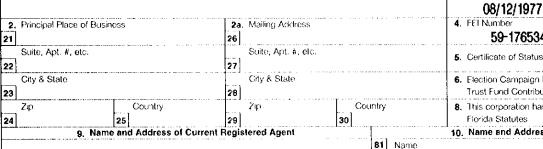
LIOCE, C. ANITA

1411 4TH ST W

PALMETTO FL 34221

Mailing Address

P O BOX 1616 PALMETTO FL 34220



3a. Date of Last Report

04/00/4005

	00/12/19/7		U4/2U/1990
4. FEI Number			Applied For Not Applicable
	59-1765342		Not Applicable
	5. Certificate of Status Desired		\$8.75 Additional Fee Required
	Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees
	8. This corporation has liability for Florida Statutes	intangible i No	tax under s. 199.032,
	10. Name and Address of New I	Registered	Agent
Name			
Street Add	ress (P.O. Box Number is Not Accepta	ble)	
City	,	FI	85 Zip Code

3. Date incorporated or Qualified

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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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SIGNATURE Signature, typicitor printed name of registered agent and this if a paisable (NOTE: Budistard Agent signature required when revealing) DATE									
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
TITLE	PD	[] DELETE	1 1 1 1 1 1 1		Change Change	Addition			
NAME	LIOCE, C ANITA		12 NAME						
STREET ADDRESS	417 10TH AVE W		1.3 STREET ADDRESS	1411 400 5% W.					
CITY-ST-ZIP	PALMETTO FL		1.4 CHY-ST-ZIP	1411 422 St. W. Pakmotto, FL. 34	7-7/				
TIFLE	TSD	DETELE	2 1 TITLE	•	∑ Criang∈	Addition			
NAME	LIOCE, NATALE		2 2 NAME	1411 4th St. W					
STREET ADDRESS	417 10TH AVE W		2.3 SPRECT ADDRESS	1411 4th St.W PalmeTIO FL. 34					
CITY-ST-ZIP	PALMETTO FL		2 4 C(1Y - ST - Z(F	PALMETIO FL. 34	ZZ /				
TITLE		[_] DELETE	3. 1 TITLE		Change	Addition			
NAME			3.2 NAME						
STREET ADDRESS			3.3 STREET ADDRESS						
CITY-ST-ZIP			3.4 Crty-ST-ZIP						
TITLE		DELETE	4. 1 30TLE		Change	Addition			
NAME			4.2 NAME						
STREET ADDRESS			4.3 STREET ADDRESS						
CITY - ST - ZIP			4.4 CITY - ST - ZIP						
TITLE		[] DELETE	5 1 11TLF		Change	Addition			
NAME			5.2 NAME						
STREET ADDRESS			5.3 STREET ADDRESS						
DITY-ST-ZIP			5 4 CITY-ST-ZIP						
TITLE		DELETE.	6 11ALE		[iii] Change	Addition			
NAME			6.2 NAME						
STREET ADDRESS			6.3 STREET ADDRESS						
CHY-ST-ZIP			6.4 CITY-ST-ZIP			.,,			

14. Ido 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 8 ock 13 if chapter 607, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPE OR PRIVIED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-96 (94) 722-4589
Date Deptine Prone 1

CR2E034 (12/95)