FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **603532** **(3)**

1. Corporation Name

DON L. KING D.D.S., P.A.

Principal Place of Business
2122 N E 2ND ST
POMPANO BEACH FLA

Mailing Address
2122 N E 2ND ST
POMPANO BEACH FLA

3. Date Incorporated or Qualified: **05/19/1972**
3a. Date of Last Report: **02/20/1995**

4. FEI Number: **59-1396032** [ ] 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 ability for integrated tax under s. 199.032, Florida Statutes. [ ] Yes [ ] No ?

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip 24 Country 25

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip 29 Country 30

9. Name and Address of Current Registered Agent

KING,DON L
2122 N E 2ND ST
PONPANO BEACH FL 33062

10. Name and Address of New Registered Agent
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 Section 607.0505 or Section 608.4151, Florida Statutes, the undersigned submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	PD	[ ] DELETE
NAME	KING,DON L	
STREET ADDRESS	2122 N.E. 2ND ST.	
CITY, ST, ZIP	POMPANO BEACH FL	
TITLE	D	[ ] DELETE
NAME	KING, JULIE A	
STREET ADDRESS	2700 N E 10TH ST	
CITY, ST, ZIP	POMPANO BCH FL	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE		[ ] Change [ ] Addition
2. NAME		
3. STREET ADDRESS		
4. CITY, ST, ZIP		
5. TITLE		[ ] Change [ ] Addition
6. NAME		
7. STREET ADDRESS		
8. CITY, ST, ZIP		
9. TITLE		[ ] Change [ ] Addition
10. NAME		
11. STREET ADDRESS		
12. CITY, ST, ZIP		
13. TITLE		[ ] Change [ ] Addition
14. NAME		
15. STREET ADDRESS		
16. CITY, ST, ZIP		
17. TITLE		[ ] Change [ ] Addition
18. NAME		
19. STREET ADDRESS		
20. CITY, ST, ZIP		

14. I do hereby certify that the information supplied with this report is accurate and that this corporation is in compliance with the requirements of Section 119.07(3)(k), Florida Statutes. I further certify that the information included in this annual report is consistent with and an amendment to the most recent annual report filed with the Department of State. I further certify that I am an officer or director of this corporation or I am the corporation's registered agent, pursuant to Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or I am the registered agent.

SIGNATURE: 4/15/96 (954) 941-4310

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Don L. King

CR2E034 (12/95)