


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

FILED
Mar 30, 1999 8:00 am
Secretary of State

03-30-1999 90001 050 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 611360
 1. Corporation Name
KINGS PLAZA, INC.

Principal Place of Business 213 NW BENTLY CIR. PORT ST LUCIE FL 34986	Mailing Address 213 NW BENTLY CIR. PORT ST LUCIE FL 34986
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1866 SW Bradford Pl	2a. Mailing Address 26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State PALM CITY FL	28 City & State
24 Zip 34990	25 Country USA
29 Zip	30 Country

3. Date Incorporated or Qualified 02/20/1979	
4. FEI Number 59-1998537	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
LINO, PAT
 213 NW BENTLEY CIR
 PT. ST. LUCIE FL 34986

10. Name and Address of New Registered Agent
 81 Name **PAT LINO**
 82 Street Address (P.O. Box Number is Not Acceptable)
 83 **1866 SW Bradford Pl**
 84 City **PALM CITY** FL 85 Zip Code **34990**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	ALTINO, MICHAEL	
STREET ADDRESS	122 N NARANJA AVE.	
CITY-ST-ZIP	PT. ST. LUCIE FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	LINO, VINCENT	
STREET ADDRESS	213 NW BENTLEY CIR	
CITY-ST-ZIP	PT ST LUCIE, FL 00000	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	LINO, PAT	
STREET ADDRESS	213 NW BENTLEY CIR	
CITY-ST-ZIP	PT ST LUCIE FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	ALTINO, ANTHONY	
STREET ADDRESS	189 NO CAPRONA AVE	
CITY-ST-ZIP	PT ST LUCIE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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, with all other like empowered.

SIGNATURE: *PAT LINO* SIGNATURE REPEAT: *LINO* 3-26-99 561-287-7683
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)