## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996
DOCUMENT #

658049

(2)

FILED Jul 24 1996 8:00 am Secretary of State

## LEONARD M. KING INDUSTRIES, INC.

Principal Place	or Business	Mailing Address					
2111 SW 60TH WAY MIRAMAR FL 33023		2111 SW 60TH WAY MIRAMAR FL 33023					
					<ol><li>Date incorporated or Qualified</li></ol>	3a. Date of Last Report	
					03/05/1980	05/01/1995	
2. Principal Place of Business		2a, Mailing Address		4. FEI Number	Applied For		
21		26 Po Box 3636			59-1983142	Not Applicable	
Suite, Apt. #	ŧ, etc.	Suite, Apt #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State	FL		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip 24	Country 25	Zip 29 33 % 3	Country 30	,	This corporation has liability for in Florida Statutes	ntangible tax under s. 199 032, Yes	
24	g. Name and Address of Curren		1001		10. Name and Address of New Reg	istered Agent	
		<u> </u>	81	Name			
	KING, LEONARD M			Ctroot Add	lress (P.O. Box Number is Not Acceptabl	0)	
2111 SW 60TH WAY			82	Street Add	Judiess (P.O. Dox Number is Not Acceptable)		
<sub>F</sub> MI	RAMAR FL 33023		83	<u> </u>			
/			84	City		FL 85 Zip Code	
<u> </u>	60 7 60 7 60	0 1 007 1500 Flacido Chaba	- a tha abau	named con	poration submits this statement for the pu		
office or re	agistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was a ations of, Section 607.0505, Flo	authorized by orida Statutes	the corporat	ion's board of directors. Thereby accept	the appointment as registered	
SIGNATORE	Signature, typed or printed name of registered age			int signature requ	irea when reinstahng)	DATE	
12.		D DIFFECTORS	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12  Change Addition	
TITLE	P	DELETE	1 1 TITLE			Change Mod son	
NAME	KING, LEONARD M		1 2 NAME		جو والمدمر ينجيان ينيس		
STREET ADDRESS	1801 SE 115TH AVE		1 3 STREET ADDRESS		00001903860 -07/25/9601010013 ****200,00L]*****200,08		
CHTY - ST - ZHP	DAVIE FL	DELETE	1.4 CITY -	ST - ZIF		10 00	
TITLE	ST		2 1 TITLE		*****	ՈՐ ՈՈ ՄԴԿՎՎԳԵՐԻՐԻ ՀԱՐ	
NAME	DANIELS-KING, PATRICIA A		2.2 NAME				
STREET ADDRESS	1801 SW 115TH AVE			r Adoress			
CITY-ST-ZIP	DAVIE FL  V DELETE		2 4 CHY 3 1 TIJLE	S1-ZIP		Change Addition	
TITLE	KING, LEONARD BARRY RT 1, BOX 1846		3 2 NAME		DELETE		
NAME				T ADDRESS			
STREET ADDRESS	LABELLE FL		34 CHY				
CITY-ST-ZIP	CAUCLUE FL.	DELETE	41 TITLE	3, Zii	N	Change Addition	
NAME		اسميا	4 2 NAM		REMITTED BY M	MI A	
STREET ADDRESS				T ADDRESS	M. W. Asses		
CITY-ST-ZIP			4.4 CHTY	•			
TITLE		DELETE	5 1 TITLE			Change Addition	
NAME		-	5.2 NAME				
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP			5.4 CITY	ST - ZIP_	(1)		
TITLE	DELETE		6 1 TITLE		Change Addition		
NAME			6.2 NAME		\(/ <i>\</i> /\\\\\		
STREET ADDRESS			63 STRE	T ADDRESS	~117·		
CITY - ST - 7IP			64 CiTY	S1 - 7IP	1		
14 Ldo bere	by certify that the information supplie	ed with this bland is voluntarily f	urnished and	does not au	alify for the exemption stated in Section	119 07(3)(k), Ftorida Statutes 📙 👚	

4. For hereby certify that the information supplied with this filting 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 recover or trusted employered to execute this report as required by Chapter 617. Florida Statutes, and that my name appears in Block 12 or Block 13 if thanged or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-17-96 954-961-6006