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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT #

841631

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WHITE KNIGHT, INC.

Principal Place of Business Mailing Address C/O W. PHIL MCCONAGHEY C/O W. PHIL MCCONAGHEY 621 SW 72ND AVE. 621 SW 72ND AVE. PEMBROKE PINES FL 33023 PEMBROKE PINES FL 33023 3. Date Incorporated or Qualified 3a. Date of Last Report 10/16/1978 05/01/1995 4. FEI Number 2a. Mailing Address Applied For 2. Principal Place of Business 59-1857926 26 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Ζıp Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No Florida Statutes 25 29 30 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 MCCONAGHEY, W. PHIL Street Address (P.O. Box Number is Not Acceptable) 621 SW 72ND AVE. 83 PEMBROKE PINES FL 33023 84 City 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and £07.1508, 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: Signature, typed or printed name of registered agen; and trie if a policable (NOTE: Bug stered Agent signature recurred when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE □ Change Add tion THLE 1.1 TITLE MCCONAGHEY, BRUCE 1.2 NAME NAME **621 SW 72ND AVE** STREET ADDRESS 1.3 STREET ADDRESS PEMBROKE PINES, FL 00000 1.4 OTY - ST - ZIP CITY-ST-ZIP \overline{PD} [] DELETE 2 1 TITLE [] Change ☐ Addition TITLE MCCONAGHEY, W PHIL NAME 22 NAME 621 SW 72ND AVE 2.3 STREET ADDRESS STREET ADDRESS PEMBROKE PINES, FL 00000 CITY - ST - ZIP 2 4 CITY - \$1 - ZIP TITLE DELETE 3 1 THILE Change Addition MCCONAGHEY, BARRY 3.2 NAME NAME 621 SW 72ND AVE STREET ADDRESS 3.3. STREET ADDRESS PEMBROKE PINES, FL 00000 CITY-ST-ZIP 3.4 CITY-ST-ZIP

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14. I do 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 Block 13 if changed, or on an attachment with an address.

4. 1 TITLE

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SIGNATURE

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MCCONAGHEY, GAIL

PEMBROKE PINES, FL 00000

621 SW 72ND AVE

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