

**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

**FILED**  
**Apr 18 1996 8:00 am**  
Secretary of State

DOCUMENT # **F64060**

1. Corporation Name

**BILL KING LAND & REALTY CO., INC.**

*4-18-96 B-3860 (9) C*



Principal Place of Business

**10250 S.W. 56TH STREET, D-101  
MIAMI, FL 33165**

Mailing Address

**10250 S.W. 56TH STREET, D-101  
MIAMI, FL 33165**

3. Date Incorporated or Qualified  
**01/21/1982**

3a. Date of Last Report  
**03/30/1995**

2. Principal Place of Business

2a. Mailing Address

21 **14411 SO. DIXIE HWY**

26 **14411 SO. DIXIE HWY**

4. FEI Number  
**59-2166865**

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **SUITE 206**

27 **SUITE 206**

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

City & State

City & State

23 **MIAMI, FLORIDA**

28 **MIAMI, FLORIDA**

6. Election Campaign Financing Trust Fund Contribution

**\$5.00** May Be Added to Fees

Zip

Country

Zip

Country

24 **33176**

25 **DADE**

29 **33176**

30 **DADE**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KING, WILLIAM P.  
10250 S.W. 56TH STREET, SUITE D-101  
MIAMI, FL 33165**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

**14411 SO. DIXIE HWY**

83 **SUITE 206**

84 City **MIAMI**

FL

85 Zip Code **33176**

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

Signature, Title or position of registered agent or officer or director

(NOTE: Registrar's Ack of signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
PST	KING, WILLIAM P.	10250 SW 56 ST., D-101	MIAMI, FL	<input type="checkbox"/>
D	KING, WILLIAM P.	10250 SW 56 ST., D-101	MIAMI, FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY - ST - ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
14411 SO. DIXIE HWY - SUITE 206	MIAMI, FL. 33176			<input type="checkbox"/>	<input type="checkbox"/>
14411 SO. DIXIE HWY - SUITE 206	MIAMI, FL. 33176			<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 asterisk.

SIGNATURE:

SIGNATURE AND TITLE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*William P. King* **2/2/96**

Date

Daytime Phone #

CR2E034 (12/95)

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PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000015861 (5)** *P-3861-C*

1. Corporation Name  
**NOGSYS TECHNOLOGY, INC.**



Principal Place of Business: **13284 66TH STREET NORTH LARGO FL 34643**  
Mailing Address: **13284 66TH STREET NORTH LARGO FL 34643**

3. Date Incorporated or Qualified: **02/24/1994**  
3a. Date of Last Report: **07/25/1995**

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)

4. FEI Number: **59-3231573**  
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 liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent: **MANNING, JOHN 13284 66TH STREET N LARGO FL 32643**  
10. Name and Address of New Registered Agent: 81 Name, 82 Street Address (P.O. Box Number is Not Acceptable), 83, 84 City, 85 Zip Code **FL**

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BIRKBECK, PAUL J</b>	1.2 NAME	
STREET ADDRESS	<b>13284 66TH STREET NORTH</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LARGO FL 34643</b>	1.4 CITY-ST-ZIP	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MANNING, JOHN</b>	2.2 NAME	
STREET ADDRESS	<b>1532 EMERSON</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DENVER CO</b>	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE: \_\_\_\_\_ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE: \_\_\_\_\_ OFFICE PHONE # \_\_\_\_\_

CR2E034 (12/95)