

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

FILED

Feb 25 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F93000002739 (1)

1. Corporation Name
KING CENTRAL INC.



Principal Place of Business
POST OFFICE BOX 1943
SO. HACKENSACK NJ 07806-1943

Mailing Address
POST OFFICE BOX 1943
SO. HACKENSACK NJ 07806-0543

3. Date Incorporated or Qualified
06/07/1993

3a. Date of Last Report
06/24/1996

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

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

4. FEI Number
22-2616799

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

GIACALONE, PETER
680 SO. MILITARY TRAIL
QUORUM BLDG. #2
DEERFIELD BEACH FL 33442

10. Name and Address of New Registered Agent

81 Name
WILLIAM R. WOOD SR.
82 Street Address (P.O. Box Number is Not Acceptable)
3223 N. LOCKWOOD RIDGE ROAD # 158
83
84 City
SARASOTA FL 85 Zip Code
34234

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: *William R. Wood Sr.* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DCP	11 TITLE	
NAME	FISCHER, CHARLES	12 NAME	
STREET ADDRESS	0-80 SADDLE RIVER RD.	13 STREET ADDRESS	
CITY-ST-ZIP	FAIR LAWN NJ 07410	14 CITY-ST-ZIP	
TITLE	DVCS	21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FISCHER, GLENN	22 NAME	
STREET ADDRESS	9 PIMA COURT	23 STREET ADDRESS	805 LENEL LANE
CITY-ST-ZIP	FRANKLIN LAKES NJ	24 CITY-ST-ZIP	FRANKLIN LAKES, NJ 07417
TITLE	DVP	31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FEW, THOMAS J SR.	32 NAME	
STREET ADDRESS	33 CROSBY LANE	33 STREET ADDRESS	9 PIMA COURT
CITY-ST-ZIP	OAKLAND NJ 07436	34 CITY-ST-ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/97

201-488-8863

Date

Daytime Phone

CR2E034 (9/96)