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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

(8)

G59501 KING MADDLE INC

KING	MAKBLE, INC.									
Principal Plac	e of Business	Mailing Address			<del></del>					ANN IN
% THOMAS R. KING 905 SW 14TH AVE. DELRAY BEACH FL 33444		% THOMAS R. KING 805 SW 14TH AVE. DELRAY BEACH FL 3344								
						3. Date Incorporated or C	ualified	1	of Last Re	eport
2. Principal Place of Business 2a. Mailing Address						09/14/1983 4. FEI Number		□ 05/0	1/1996	-Uard C
21	Tayle of Electricas	- <del></del>	26						<del></del>	plied For at Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				59-2336914			\$8.75	
22		27	27			<ol><li>Certificate of Status De</li></ol>	sired		Fee Re	
City & Stat	le	City & State				6. Election Campaign Fina	ancina		\$5.00	May Re
23		28				Trust Fund Contribution	-		Added t	
Z(p ''''⊓	Country			untry		8. This corporation has lia	blity for in	ntangible ta	x under s.	199.032,
24	25	29	30	<del></del>		Florida Statutes		Yes 🗀		
g. Name and Address of Current Registered Agent					Name	10. Name and Address of	New Reg	gistered Ag	ent	
	ig, thomas r.			81 1	Mairie					
905 SW 14TH AVE				82 Street Address (P.O. Box Number is Not Acceptable)				le)		
DELRAY BEACH FL 33444				83						
				84	City			FL	85 Zip (	Code
	to the provisions of Sections 607.0 registered agent, or both, in the Sta am familiar with, and accept the ob	0502 and 607.1508, Florida Statu ate of Florida. Such change was ligations of, Section 607.0505, Fl	es, the a authorize orida Sta	above-red by the	named corpo ne corporatio	ration submits this statemen on's board of directors. I here	for the proby accep		nanging its	s registered registered
SIGNATURE	Signature: typica or printed name of registered	agent and title if applicable (NO	E: Registere	ed Agent	signature required	when reinstating)	<del></del>	DATE		
12.	OFFICERS /	AND DIRECTORS	13.	<del></del>		ADDITIONS/CHANGES	O OFFIC	ERS AND D	IRECTOR	S IN 12
TITLE	PST	DELETE 1.1 TIT		TITLE					Change	☐ Addition
NAME	KING, THOMAS R.	ING, THOMAS R. 121		NAME						
STREET ADDRESS	1100 NE 5 TERRACE		1.3 STREET		DRESS					
CITY - ST - ZIP	FT LAUDERDALE FL		1.40	CITY-ST-	ZIP					<u></u>
TITLE	D	DELETE	2.1 T	TITLE				L	Change	Addition
NAME	KING, THOMAS R.	o, momo n.		NAME						
STREET ADDRESS	1100 NE 5 TERRACE		2.3 STREET ADORESS		ORESS					
CITY - ST - ZIF	FT LAUDERDALE FL			CITY - ST -	ZIP					T days
TITLE		DELETE			ļ			. L	Change	Addition
NAME CIDELL ASSOCIATE			3.2 NAME 3.3 Street address							
STREET ADDRESS						4				
CHY-ST-7IP TITLE		☐ DELETE	4.1 T	CITY-ST-	ZIP				Change	☐ Addition
NAME				NAME				L	1 change	Addition
STREET ADORESS	± 1			STREET AD	marec					
CITY-SI-7IP				CITY-ST-	1					
THE		DELETE	51 T						Change	Addition
NAME		•	1	NAME					•	
STREET ADDRESS			1	STREET AD	DRESS					
CITY-S1-7@				CITY-ST-7						
THLE		☐ DELETE	6.1 T						Change	☐ Addition
NAME			6.2 N	NAME						
STHEET ADDRESS			6.3 STREET ADDRESS		DRESS					
ning of his	I									l

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 OF

**FILED** 

Apr 21 1997 8:00am

Secretary of State