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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

May 09 1997 8:00am

Secretary of State

941.484.8246

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H11459

(5)

KING'S KARDS, INC.

SIGNATURE: _

Suite, Apt. #, otc Suite, Apt. #	plied For t Applicable Additional quired May Be o Fees 199.032,
2. Principal Place of Business 2a. Mailing Address 4. FEI Number Apple	plied For t Applicable Additional quired May Be o Fees 199.032,
Suite, Apt. #, etc Suite, Apt. #, etc. Scripticate of Status Desired \$8.75 Apr. Fee Record	t Applicable Additional quired May Be o Fees 199.032,
Surie, Apt. #, etc. Surie, Apt. #, etc. Surie, Apt. #, etc. Surie, Apt. #, etc. S. Cerrificate of Status Desired \$8.75 / Fee Re Re Courty City & State City & State S. Election Campaign Financing \$5.00 / Trust Fund Contribution Added to Added t	quired May Be o Fees 199.032,
City & State City & State City & State City & State City & State City & State City & State Country Zip Country Zip Country Zip Country St. This corporation has liability for intangible tax under s. Florida Statutes City C	199.032,
Zip Country Zip Country Zip Country B. This corporation has liability for Intangible tax under s. Florida Statutes Yes No. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent NYMARK, DENNIS V. 110 S. PEBBLE BEACH BLVD SUN CITY CENTER FL 33573 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 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 it 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 agent 1 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR IT ITILE NAME KING, ILA MAE STREET ADDRESS CITY-ST-ZIP STREET ADDRESS RUSKIN FL 3357 14 CITY-ST-ZIP Change Change Change Change Change	Code
9. Name and Address of Current Registered Agent NYMARK, DENNIS V. 110 S. PEBBLE BEACH BLVD SUN CITY CENTER FL 33573 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip (85 Zip (86 City FL 86 Zip (86 City FL 86 Zip (87 Zip (88 Zi	
NYMARK, DENNIS V. 110 S. PEBBLE BEACH BLVD SUN CITY CENTER FL 33573 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip 0 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 it 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 agent I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature systed or printed name of registered agent and bits dispricable. (NOTE: Registered Agent signature required when rematating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS DITLE PD Change KING, ILA MAE STREET ADDRESS 3052 COLLEGE AVE. E. 1.3 STREET ADDRESS City-SI-Zip BILE S DELETE 1.1 TITLE Change Change	
SUN CITY CENTER FL 33573 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip 0 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 it 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 agent 1 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature typind or printed name of registered agent and title d applicable. (NOTE: Registered Agent algorithms required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS ITILE PD	
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 it 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 agent 1 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS INTER PD DELETE 1.1 TITLE Change STREET ADDRESS 3052 COLLEGE AVE. E. 13 STREET ADDRESS CITY-ST-ZIP STILLE Change Change	
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 it 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature typed or printed name of registered agent and bits of applicable. (NOTE: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS THILE PD DELETE 1.1 TITLE Change Change TITLE S DELETE 2.1 TITLE Change	
SIGNATURE Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS THEE PD DELETE 1.1 TITLE NAME KING, ILA MAE STREET ADDRESS 3052 COLLEGE AVE. E. CITY-ST-ZIP TITLE S DELETE 21 TITLE Change	s registered registered
NAME KING, ILA MAE 1.2 NAME 1.3 STREET ADDRESS 3052 COLLEGE AVE. E. 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP TITLE S	
STREET ADDRESS 3052 COLLEGE AVE. E. 1.3 STREET ADDRESS CITY-ST-ZIP 14 CITY-ST-ZIP TITLE \$ DELETE 21 TITLE Change	Addition
CRIY-ST-ZIP RUSKIN FL 3357 14 CRIY-ST-ZIP TITLE Change Change CRIY-ST-ZIP CRIP	
TITLE S DELETE 21 TITLE Change	
	1.420
	Addition
NAME KING, LEIGH ANN 22 NAME	
STREET ADDRESS CITY-ST-ZIP 3052 COLLEGE AVE. E. 23 STREET ADDRESS 2.4 CITY-ST-ZIP 23 STREET ADDRESS 2.4 CITY-ST-ZIP	
City-St-7iP	Addition
NAME 32 NAME	
STREET ADDRESS 3.3 STREET ADDRESS	
CHY-ST-ZIP 3.4. CITY-ST-ZIP	
TITLE DELETE 4.1 TITLE Change	Addition
NAME 4.2 NAME	
STREET ADDRESS 4.3 STREET ADDRESS	
CITY-ST-78	Addition
NAME 5.2 NAME	
STREET ADDRESS 5.3 STREET ADDRESS	
City-St-ZiP 5.4 City-St-ZiP	
TITLE DELETE 6.1 TITLE Change	Addition
NAME 6.2 NAME	
STREET ADDRESS 6.3 STAEET ADDRESS	
CITY-ST-ZIP 6.4 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 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 unit 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 rappears in Block 12 or Block 13 if changed, or on an attachment with an address.	tha.