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**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H27767

(3)

KINGDOM ASSEMBLY, INC.

**FILED** Feb 05 1998 8:00am Secretary of State

Principal Place of Business Mailing Address 43309 US HWY 19 N PO BOX 1608 TARPON SPGS. FL 34689 TARPON SPGS. FL 34688-8608 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/30/1984 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2462277 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 30 X Yes □ No Personal Property Tax due June 30. 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent FORD, DAVID S. 43309 US HWY 19 N Street Address (P.O. Box Number is Not Acceptable) TARPON SPGS. FL 34689 83 Zip Code 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 607.0506, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicab OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. \_\_ DELETE Change □ Addition TITLE 1.1 TITLE FRIEDLAND, LEW 1.2 NAME NAME **CR2E034** 43309 US HWY 19 N STREET ADDRESS 1.3 STREET ADDRESS TARPON SPRGS. FL 1.4 CITY - ST-ZIP CITY-ST-ZIP DST DELETE Addition TITLE 2.1 TITLE FORD, DAVID 2.2 NAME NAME 43309 US HWY 19 N 2.3 STREET ADDRESS STREET ADDRESS TARPON SPRGS. FL 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change . | Addition TITLE 3.1 TITLE ALDRIDGE, DANIEL NAME 3.2 NAME 43309 US HWY 19 N 3.3 STREET ADORESS STREET ADDRESS TARPON SPRGS, FL CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE TAYLOR, JOYCE 4. 2 NAME NAME 43309 US HWY 19 N STREET ADDRESS 4.3 STREET ADDRESS TARPON SPRGS. FL 4.4 CITY-ST-ZIP CITY-\$T-ZIP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP DELETE 6.1 TITLE Change Addition TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing fy for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information

indicated on this annual report or supplier ental arriual report is officer or director of the corporation of the receiver or trustee en Block 12 or Block 13 if changed of on an attachment with an agr accurate and that my signature shall have the same legal effect as if made under oath; that I am an I to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

SIGNATURE:

942-2591