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 CORPÓRATIONS

DOCUMENT # J49293

(0)

KING'S VILLAGE, INC.

Principal	Place	of	Business	

2. Principal Place of Business

Mailing Address

6800 SILVER STAR ROAD ORLANDO FL 32618 6800 SILVER STAR ROAD ORLANDO FL 32818-3129

2a. Mailing Address

ł	FIL	ED		
97 MAY	19	AM	8:	

SECRETARY OF STATE
TALLAHASSEE, PLORIDA

3a. Date of Last Report

Applied For

05/01/1996

3. Date Incorporated or Qualified

12/29/1986

4. FEI Number

21		26				59-2744532		Not A	Applicable
Suite, Apt.	#, etc.	Suite, Ap	Suite, Apt. #, etc.		5. Certificate of Status Desired	□ \$	8.75 Add Fee Requ		
City & State	0	City & Sta	atc			6. Election Campaign Financing		\$ 5.00 м	av Be
23		28				Trust Fund Contribution		Added to I	
Zip	Country	Zip		Dountry	,	8. This corporation has liability for	intangible tax	under s. 19	99.032
24	25	29	30			\	☐ Yes ☐ N		
	9, Name and Address of Curre	ent Registered Age	nt			10. Name and Address of New R	egistered Age	nt	
	HONY, CHRISTOS			81	Name				
) SILVER STAR ROAD			82	Street Addr	ess (P.O. Box Number is Not Accepta	ble)		
ORL	ANDO FL 32818								
				83	ļ				
				84	City		8	5 Zip Co	do
				١.	l Chy		FL °	, inp 00	-GU
agent. I at SIGNATURE	egistered agont, or both, in the starm familiar in the according to the obli	igations of, Section (607.0505, Florida	Statute	S.	oration submits this statement for the ion's board of directors. I hereby according to the ed when renstating)	DATE	nent as re	gisterea
12.	OFFICERS A	ND DIRECTORS		13.		ADDITIONS/CHANGES TO OFF	ICERS AND DIF	RECTORS	N 12
TITLE	DP		DELETE :	.1 TITLE				Change [Addition
NAME	ANTHONY, CHRISTOS		1	.2 NAME					
STREET ADDRESS	6800 SILVER STAR ROAD		1	.3 \$1REF1	ADDRESS				
CITY-ST-ZIP	ORLANDO FL			1.4 CITY - S	61 - 21 P				
TITLE			DELFTE ;	2.1 HHE		and the state of t	, , <u>.</u>	Change [Addition
NAME			2	2.2 NAME		60 00 02	707010		10
STREET ADDRESS			2	3 STHEET	ACOURTSS	**************************************	/3/010 50.00 *	չ (~~Մ) Հարասաններ	10 10
CITY-ST-ZIP				I CITY-	S1 - ZIP		·		
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NAME	:		:	3.2, NAME					
STREET ADDRESS				3.3 STREET	ADDRESS				
CITY-ST-ZIP				.4 CITY-	\$1- ZIP				
TITLE		L		I.1 THILE				Change [] Addition
NAME				NAME					
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP		-		1.4 CITY - S	ST-ZIP			<u> </u>	A a a dec
TITLE		L	_	5.1 TITLE				Change [Addition
NAME				.2 NAME					
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP				4 CITY - S	ST - ZIP			hono	Additio-
TITLE		L	- i	1 TITLE			$A \mid \Box$	V// 1	Addition
NAME			1	.2 NAME		S	60 W	YI (
STREET ADDRESS					ADDRESS	Σ,		1	
City-St-ZiP	by cartify that the information assessed	iad with this filips de		4 CITY - S		Lin Spotion 110 07(2)(i) Florida Dati	es. I further cor	tifu that the	
informatio I am an o	on indicated on this annual report or	r supplemental annu or the receiver or tru	ial report is true a ustee empowered	nd accu to exec	urate and that	hin Section 119.07(3)(i), Florida Statul my signature shall have the same leg nas required by Chapter 607, Florida	al effect as if m	nade under	r oath; thal

FILE NOW: FILING FE	E AFTER MAY 1 IS \$	APPROVED	C	
PROFIT CORPORATION ANNUAL REPORT	FLORIDA DEPARTA Sandra B. I Secretary o	Mortham	AND FILED	. 01
1997	DIVISION OF CO	RPORATIONS	1997 KAY 19 PM 1	: 26
DOCUMENT # P0920	00 (7)		SECRETARY OF STALLAHASSEE, FLO	TATE DRI DA
LDDS Worldcom, INC				
Principal Place of Business 515 EAST AMITE STREET JACKSON MS 39201	Mailing Address - P.O. BOX-29397 JACKSON MS 39225-2397	\$15 G. Amite Jockson NS	S+.	DIDII BIDKI FIBII DIDII BIDII IDDK
		31AP(-		a. Date of Last Report 05/01/1996
2. Principal Place of Business 21 Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.		4. FEI Number 58-1521612	Applied For Not Applicable \$8.75 Additional
22	City & State		5. Certificate of Status Desired	Fee Required
City & State	28 City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country 25	Zip 3	Gountry 0	8. This corporation has liability for intan	ngible tax under s. 199.032, es
9, Name and Address of Cur			10. Name and Address of New Registe	ered Agent
NRAI SERVICES, INC. 526 EAST PARK AVENUE TALLAHASSEE FL 32301		81 Name 82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
		84 City		FL 85 Zip Code
Pursuant to the provisions of Sections 607 to office or registered agent, or both, in the Stagent. I am familiar with, and accept the of	0502 and 607 1508, Florida Statutes Inte of Florida Such change was au oligations of, Section 607,0505, Flori	, the above-named corpo thorized by the corporation da \$tatutes.	oration submits this statement for the purpo on's board of directors. Thereby accopt the	ase of changing its registered e appointment as registered
SIGNATURE Signature, typed or printed name of registered		Hegis ered Agent's gnature require	d when reinsiding) ADDITIONS/CHANGES TO OFFICERS	IATE
TITLE CSQ	AND DIRECTORS DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OFFICER	Ctrange Addition
NAME BERNARO EBBERS	•	1;2 NAME		
STREET ADDRESS CITY-ST-ZIP TITLE 515 EAST AMITE STREET JACKSON MS 3920		1;3 STREET ACORESS		
TITLE T	DELETE	1,4 CHY+S1-7IP 2.1 TITLE	>,	Change Addition
NAME MYERS, DAVID		2,2 NAME to the same see	50000218	346857
STREET ADDRESS 515 EAST AMITE STREET	$\langle A \rangle_{\lambda}$	2.3 STREET ADDRESS	50000216 -05/20/90 ****165.	/0103/00/ 00 ****165.00
CITY-ST-ZIP JACKSON MS 39201	A TO HOPPINE	2, 4 CHY - S1 - 2IP	44441001	Change Add tion
NAME JOHN W. KLUGE STREET ADDRESS 515 EAST AMOR STREET JACKSON MS 9990		3.2 NAME 3.3 GARFET ADDRESS SACRY-S1-7IP		
TILE VCD NAME JOHN A. PORTER STREET ADDRESS 515 EAST AMITE STREET	DRITE	4, 1 THY 4, 2 NAME 4,3 STREET AUDRESS		Change Addition
CITY-ST-ZIP JACKSON MS 39201	No. Lette	4 4 C/TY - ST - ZIP		Change Addition

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.

5.3 STREET ADDRESS

5.4 CHY-S1-7IP

63 STREET ADORES

6,2 NAME

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

BERNARD EBBERS

JACKSON MS 39201

SULLIVAN, SCOTT D

515 EAST AMITE STREET

515 EAST AMITE STREET

DEFFE

11-100

Change Addition