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Apr 09 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 # J52549 (9)

1. Corporation Name  
KING STREET TRADE, INC.

Principal Place of Business

Mailing Address

0007 ARLINGTON ROAD  
JACKSONVILLE FL 32211

0007 ARLINGTON ROAD  
JACKSONVILLE FL 32211-5413

320 SKINGS Rd  
CALLAHAN FL 32011

320 SKINGS Rd  
CALLAHAN FL 32011

2. Principal Place of Business

2a. Mailing Address

21 320 SKINGS Rd

26 320 SKINGS Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 P. O. Box 363

27 P. O. Box 363

City & State

City & State

23 CALLAHAN - FL

28 CALLAHAN FL

Zip

Country

Zip

Country

24 32011

25 NASSAU

29 32011

30 NASSAU

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

YAZJI, HAYSSAM  
7247 PLACID OAK DR  
JACKSONVILLE FL 32277

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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 607.0505, 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 IN 12

TITLE P ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME YAZJI, KAMAL  
STREET ADDRESS 8072 INTERNATIONAL VILL  
CITY- ST- ZIP JACKSONVILLE FL 32277

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

TITLE VP ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME YAZJI, HAYSSAM  
STREET ADDRESS 7247 PLACID OAKS DR  
CITY- ST- ZIP JACKSONVILLE FL 32277

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

TITLE S ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME ALBERT, MARY  
STREET ADDRESS 5365 OAK BAY DR. N.  
CITY- ST- ZIP JACKSONVILLE FL 32277

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

TITLE VP ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME ALYAZJI, ADEL  
STREET ADDRESS 6407 LENCZYK DR  
CITY- ST- ZIP JACKSONVILLE FL 32277

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME

5.2 NAME

STREET ADDRESS

5.3 STREET ADDRESS

CITY- ST- ZIP

5.4 CITY- ST- ZIP

TITLE

6.1 TITLE ☐ Change ☐ Addition

NAME

6.2 NAME

STREET ADDRESS

6.3 STREET 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 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

Date

Daytime Phone

KAMAL YAZJI 04/05/97 879-5575

CR2E034 (9/96)