FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

'95 APR 24 AM 7:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J94861** **(8)**

1. Corporation Name
KING SWAP SHOP, INC.

Principal Place of Business	Mailing Address
780 NW 78TH ST MIAMI FL 33150	5255 NW 27TH AVE. MIAMI FL 33142 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **09/25/1987**
3a. Date of Last Report: **01/31/1994**

2. Principal Place of Business — 21: 5255 NW 27 AV
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23: MIAMI, FL.
City & State — 28:
Zip — 24: 33142
County — 25: US
Zip — 29:
County — 30:

4. FEI Number: **65-0036293** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

SCHLICHTE, RAY A., JR.
2134 HOLLYWOOD BLVD
HOLLYWOOD FL 33020

10. Name and Address of New Registered Agent

91 Name
92 Street Address (P.O. Box Number Is Not Acceptable)
93
94 City **FL** 95 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 _____ DATE
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 IN 12		
TITLE	VT	11 TITLE	P	☑ Change ☐ Addition
NAME	SCHLICHTE, RAY A III	12 NAME	SCHLICHTE, RAY A. III	
STREET ADDRESS	3484 SW 44TH ST.	13 STREET ADDRESS	3484 SW 44 ST.	
CITY-ST-ZIP	FT. LAUDERDALE FL	14 CITY-ST-ZIP	FT. LAUDERDALE, FL. 33312	
TITLE		21 TITLE	V	☐ Change ☑ Addition
NAME		22 NAME	JOSEPH ANTHONY NOWAK	
STREET ADDRESS		23 STREET ADDRESS	1925 MADISON ST. APT. 20	
CITY-ST-ZIP		24 CITY-ST-ZIP	HOLLYWOOD, FL. 33020	
TITLE		31 TITLE	T/S	☐ Change ☑ Addition
NAME		32 NAME	TIMOTHY JOSEPH NOWAK	
STREET ADDRESS		33 STREET ADDRESS	19255 NE 10 AV. #404	
CITY-ST-ZIP		34 CITY-ST-ZIP	N MIA BCH, FL. 33179	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: _____ 4-11-95 (305)634 5659
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0191/97 CF