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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

K54469



KINGS-KNIGHT CONTRACTING SERVICES, INC.

Principal Place of Business 3125 CORAL RIDGE DR Mailing Address

3125 CORAL RIDGE DR



US	RINGS FL 33065	CORAL SPRINGS FU	. 0000				
00		00	••		 Date Incorporated or Qualified 12/21/1988 	3a. Date of Last F 06/02/1	
	ace of Business	2a. Mailing Address 26			4. FEI Number 65-0092871	├ ↓	Applied For Not Applicable
Suite, Apt.	# ptr	Suite, Apt. #, etc.				\$8.7	5 Additional
22	1. 000.	27			5. Certif-cate of Status Desired	PMF .	Required
City & State	e	City & State			6. Election Campaign Financing	_ \$5.0	O May Be
23		28			Trust Fund Contribution	1 1	ed to Fees
Zip	Country	Zq)	Count	ry	8. This corporation has liability for i		199.032,
24	25	29	30			□No	
	9. Name and Address of Curre	nt Registered Agent		el Ness	10. Name and Address of New R	egistered Agent	
T 11401			ſ	1 Name			
	WSKI, THOMAS		82 Street Addr		dress (P.O. Box Number is Not Acceptable)		
3125 CORAL RDIGE DR			63				
CORA	L SPRINGS FL 33065			3			
			E	4 Orty		FL 85 Z	ip Code
		0 100/1500 Ft 11 Ct-1			ration submits this statement for the pur		registered office
or register	red agent, or both, in the State of Flor hith, and accept the obligations of, Sec	ida. Such change was authori	ized by the co	rporation's boa	ird of directors. I hereby accept the appoint	ointment as registere	dagent Lam
SIGNATURE	Signal relityped or pentertinal rulet regestized age	randik dappeaté //	IDEE Registered A	gent signafate të Jane	of where we state gr	DATE	
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFF	r- mr.v	
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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: Sidne M. Low THOMAS M ZUKOWSKI SIGNATURE AND TYPED OR PRITIED NAME OF SIGNING OFFICER OR DIRECTOR

954-345-1522