

FILE NOW: FILING FEE AFTER MAY 1 IS \$55.00

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Apr 18 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # **K54469** (7)
1. Corporation Name
KINGS-KNIGHT CONTRACTING SERVICES, INC.



Principal Place of Business: **3125 CORAL RIDGE DR CORAL SPRINGS FL 33065 US**
Mailing Address: **3125 CORAL RIDGE DR CORAL SPRINGS FL 33065-3363 US**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21	2817 NW 123 AVE	26	2817 NW 123 AVE	12/21/1988	04/16/1996
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
				65-0092871	Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	CORAL SPRINGS	28	CORAL SPRINGS	<input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip	29	Zip	6. Election Campaign Financing Trust Fund Contribution	
25	Country	30	Country	<input type="checkbox"/>	
FL 33065	ORW	33065	ORW	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
ZUKOWSKI, THOMAS				81 Name			
3125 CORAL RIDGE DR				82 Street Address (P.O. Box Number is Not Acceptable)			
CORAL SPRINGS FL 33085				2817 NW 123 AVE			
				83			
				84 City		85 Zip Code	
				CORAL SPRINGS		FL 33065	

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: Thomas M. Zukowski PD DATE: 4/1/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ZUKOWSKI, THOMAS			1.2 NAME			
STREET ADDRESS	3125 CORAL RIDGE DR			1.3 STREET ADDRESS	2817 NW 123 AVE		
CITY-ST-ZIP	CORAL SPRINGS FL			1.4 CITY-ST-ZIP	CORAL SPRINGS FL 33065		
TITLE	ST	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ZUKOWSKI, THOMAS			2.2 NAME			
STREET ADDRESS	3125 CORAL RIDGE DR			2.3 STREET ADDRESS	2817 NW 123 AVE		
CITY-ST-ZIP	CORAL SPRINGS FL			2.4 CITY-ST-ZIP	CORAL SPRINGS FL 33065		
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> 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: Thomas M. Zukowski DATE: 4/1/97 DAYTIME PHONE: 954-345-1522
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)