

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

FILED

Apr 18 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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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
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2. Principal Place of Business 21 2817 NW 123 AVE Suite, Apt. #, etc. 22 City & State 23 CORAL SPRINGS Zip 24 FL 33065	2a. Mailing Address 26 2817 NW 123 AVE Suite, Apt. #, etc. 27 City & State 28 CORAL SPRINGS Zip 29 33065	Country 25 BRW 30 BRW
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3. Date Incorporated or Qualified 12/21/1988	3a. Date of Last Report 04/16/1996
4. FEI Number 65-0092871	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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 ZUKOWSKI, THOMAS 3125 CORAL RIDGE DR CORAL SPRINGS FL 33065	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 2817 NW 123 AVE 83 84 City CORAL SPRINGS FL 85 Zip Code 33065
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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 4/1/97
(NOTE: Registered Agent 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 4/1/97 954-345-1522
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)