FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
Mar 24 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 # **K71603** **(0)**

1. Corporation Name
MARK KING INVESTMENTS, INC.

Principal Place of Business
5385 PALM AVE., #1
P.O. BOX 2546
HIALEAH FL 33012-7546

Mailing Address
5385 PALM AVE., #1
P.O. BOX 2546
HIALEAH FL 33012-0546

2. Principal Place of Business (21) / Suite, Apt. #, etc. (22) / City & State (23) / Zip (24) / Country (25)

2a. Mailing Address (26) / Suite, Apt. #, etc. (27) / City & State (28) / Zip (29) / Country (30)

3. Date Incorporated or Qualified: **03/06/1989**

3a. Date of Last Report: **04/10/1996**

4. FEI Number: **65-0118091** ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

KURZWEIL, SUETELLE
8641 SW 84TH TERRACE
MIAMI FL 33143

10. Name and Address of New Registered Agent

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 Section 607.0502 and 607.1908, 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. Said 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: (Type or print name of person signing) (NOTE: If changing Agent, signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	**PD**	☐ DELETE
NAME	**KURZWEIL, SUETELLE**	
STREET ADDRESS	**8641 SW 84TH TERR.**	
CITY-ST-ZIP	**MIAMI FL**	
TITLE	**VD**	☐ DELETE
NAME	**RICH, KING**	
STREET ADDRESS	**900 BAY DR., #204**	
CITY-ST-ZIP	**MIAMI BCH. FL**	
TITLE	**SD**	☐ DELETE
NAME	**KURZWIEL, MARTIN**	
STREET ADDRESS	**1800 NE 114TH ST., #2110**	
CITY-ST-ZIP	**N. MIAMI FL**	
TITLE	**AST**	☐ DELETE
NAME	**KURZWEIL, SUETELLE**	
STREET ADDRESS	**8641 SW 84TH TERR.**	
CITY-ST-ZIP	**MIAMI FL**	
TITLE	**TD**	☐ DELETE
NAME	**KURZWEIL, SHIRLEY**	
STREET ADDRESS	**1800 NE 114TH ST., #2110**	
CITY-ST-ZIP	**N. MIAMI FL**	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I 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: Suetelle Kurzweil Suetelle Kurzweil 3-19-97 305-822-9555

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0115992