

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**May 07 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # K76743 (9)**

1. Corporation Name  
**KINGS-SON, INC.**



Principal Place of Business <b>% HSIN TING CHANG</b> <b>850 ANCHOR RODE DR</b> <b>NAPLES, FL 33940 33940-2716</b>	Mailing Address <b>% HSIN TING CHANG</b> <b>550 ANCHOR RODE DR</b> <b>NAPLES, FL 33940 34103-2716</b>
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2. Principal Place of Business <b>21 241 N CENTER STREET</b> Suite, Apt. #, etc. <b>22</b>	2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b>	3. Date Incorporated or Qualified <b>03/27/1989</b>	3a. Date of Last Report <b>05/01/1996</b>
City & State <b>23 NAPLES, FL</b> Zip <b>24 34108</b>	City & State <b>28</b> Zip <b>29</b>	4. FEI Number <b>65-0121106</b>	Applied For Not Applicable
Country <b>25</b>	Country <b>30</b>	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
9. Name and Address of Current Registered Agent <b>CHANG, HSIN TING</b> <b>550 ANCHOR RODE DR</b> <b>NAPLES FL 33940-34103</b>		10. Name and Address of New Registered Agent	

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
				<b>FL</b>

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 \_\_\_\_\_  
Signature typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PD</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>CHANG, HSIN TING</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>CHANG, HSIN TING</b>		1.2 NAME	
STREET ADDRESS <b>550 ANCHOR RODE DR</b>		1.3 STREET ADDRESS	
CITY-ST-ZIP <b>NAPLES FL</b>		1.4 CITY-ST-ZIP <b>NAPLES, FL 34103</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>VD</b>	<input type="checkbox"/> DELETE	2.1 TITLE <b>CHANG, TONY J.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>CHANG, TONY J.</b>		2.2 NAME	
STREET ADDRESS <b>550 ANCHOR RODE DR</b>		2.3 STREET ADDRESS	
CITY-ST-ZIP <b>NAPLES FL</b>		2.4 CITY-ST-ZIP <b>NAPLES, FL 34103</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>STD</b>	<input type="checkbox"/> DELETE	3.1 TITLE <b>CHANG, LIN HUEI-YI</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>CHANG, LIN HUEI-YI</b>		3.2 NAME	
STREET ADDRESS <b>550 ANCHOR RODE DR</b>		3.3 STREET ADDRESS	
CITY-ST-ZIP <b>NAPLES FL</b>		3.4 CITY-ST-ZIP <b>NAPLES, FL 34103</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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. **HSIN TING CHANG**

SIGNATURE \_\_\_\_\_

CR2E034 (9/96)