**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **K76743**

1. Corporation Name

KINGS-SON, INC.

Principal Place of Business	Mailing Address
% HSIN TING CHANG	% HSIN TING CHANG
550 ANCHOR RODE DR	550 ANCHOR RODE DR
NAPLES, FL 33940 33940-2716	NAPLES, FL 33940-33940-2716

FILED Apr 29, 1999 8:00 am Secretary of State 04-29-1999 90195 022 \*\*\*150.00



NAPLES EL 33			NAPLES, FL 33940 33940-2716				DO NOT WRITE IN THIS SPACE					
NAPLES. FL 33940 33940-2716		220. / 2 000 / 3 000 / 0	1011 220, 12 00010 00010 0.113			3. Dat	te Incorporated	or Qualifed				
						03	3/27/1989					
2. Principal Pl	ace of Business	2a. Mailing Address					l Nu nber			A	Applied For	
21		26				65	-0121106			N	Not Applicable	
Suite, Art.	#, etc.	Suite, Apt. #, etc.						Dogirod		\$8.75	Ac ditional	
22		27				5. Ce	ertificate of Status	Desired		Fee F	Denit pe	
City & State	e	City & State				6. Ele	ectior Campaign	Financing		\$5.00	<b>0</b> NayBe	
23		28				Tru	st F and Contrib	ution		Added	to Fees	
Zip	Country	Zip		ountry		8. Thi	is co poration ov	es the curr	rent year Inf	tangible	\ \ \ \ \	
24	25	29	30				rson al Property			☐ Yes	NO ONE	
	9. Name and Address of	Current Registered Agent				10. Na	me and Addres	s of New F	<u>Registered</u>	Agent		
				81	Name							
	NG, HSIN TING			82	Street A	d Iress (P.O.	Box Number is	Not Accepta	able)			
	ANCHOR RODE DR											
NAPI	LES FL 33940			83							-	
				84	City					85 Zip	Cc de	
						<del> </del>			_ <u>_Fl</u> _	<u>-                                    </u>		
11. Pursuant	to the provisions of Sections (	607.0502 and 607.1508, Florida Statu e State of Florida. Such change was	ites, the	e above zed by	e-named corpor the corpor	o poration su a ion's board	ıbmit∋ this staten Lof d rectors. Lhe	nent for the areby accer	purpose cf pt the appo	changing it intment as i	ts registered registered	
agent. I a	m familiar with, and accept the	e obligations of, Section 607.0505, Flo	crida S	tatutes				, ,	• • •			
SIGNATURIE									DATE		<u> </u>	
	Signature, typed or printed nan e of regis		- <del></del>		it signature req	ui ed when reinsta	ating) DITICNS/CHANC	'ES TO OF		ND DIRECT	ORS IN 12	
12.		ERS AND DIRECTORS		13.		ADI.	JITIC NS/CHANC	ES TO OF	FIGENSE	Change		
TITLE	PD CHANG HOW TING	Detele		1 TITLE								
NAME	CHANG, HSIN TING		- 1	2 NAME								
STREET ADORES S	550 ANCHOR RODE DR				FADDRESS						ļ	
CITY-ST-ZIP	NAPLES FL	☐ DELETE		4 CITY-S	T-ZIP					Change	e Addition	
TITLE	VD	U DELETE		1 TITLE						Onlange		
NAME	CHANG, TONY J.			2 NAME								
STREET ADDRESS	550 ANCHOR RODE DR				TADDRESS							
CITY-ST-ZIP	NAPLES FL			4 CITY-S	T- ZIP					Change	e Addition	
TITLE	STD	☐ DELETE	П	.1 TITLE						Change	- Drogggg	
NAME	CHANG, LIN HUEI-YI			2 NAME								
STREET ADDRESS	550 ANCHOR RODE DR				TADDRESS							
CITY-ST-ZIP	NAPLES FL			4 CITY-S	T-ZIP					☐ Change	e	
TITLE		☐ DELETE	4.	1 TITLE	}					□ Change	e [] Addition	
NAME			ı	2 NAME	1							
STREET ADDRESS			4.	.3 STREET	T ADDRESS							
CITY-ST-ZIP				4 CITY-S	T-ZIP							
TITLE		☐ DELETE		1 TITLE						Change	e	
NAME				.2 NAME								
STREET ADDRESS			1		TADDRESS							
CITY-ST-ZIP				4 CITY-S	T-ZIP	<del></del>						
TITLE		☐ DELETE	1	.1 TITLE						Change	e Addition	
NAME			6.	2 NAME								

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 indicate i 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, open an attachment with an address, with all other like empowered.

63 STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS CITY-ST-ZIP

NG OFFICER OR DIRECTOR