

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

FILED
May 19 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # K90517 (9)
 1. Corporation Name
King Kars, Inc.

Principal Place of Business: **c/o Harold K. Smith 2431 S. Orange Blossom Trail Apopka, FL 32703**
 Mailing Address: **c/o Harold K. Smith 2431 S. Orange Blossom Tr Apopka, FL 32703**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **05/24/89**

4. FEI Number: **59-2949307** 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 owes or has paid the current year intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business:

21 **550 S. Highland Street**
 Suite, Apt. #, etc.

22 City & State: **Mt. Dora, FL**

23 Zip: **32757** Country: **USA**

24 **32757** 25 **USA**

2a. Mailing Address:

26 **550 S. Highland Street**
 Suite, Apt. #, etc.

27 City & State: **Mt. Dora, FL**

28 **32757** 29 **USA** 30 **USA**

9. Name and Address of Current Registered Agent

Smith, Harold K.
2431 S. Orange Blossom Trail
Apopka, FL 82703

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable): **550 S. Highland Street**

83

84 City: **Mt. Dora** State: **FL** 85 Zip Code: **32757**

11. Pursuant to the provisions of Sections 607.0562 and 607.1538, 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 agree to the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: _____ (NOTE: This signed Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	Smith, Harold K.	
STREET ADDRESS	2431 S. Orange Blossom Trail	
CITY-ST-ZIP	Apopka, FL 32703	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	550 S. Highland Street
14 CITY-ST-ZIP	Mt. Dora, FL 32757
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	400002529054
54 CITY-ST-ZIP	-05/19/98--01053--013
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	***150.00
64 CITY-ST-ZIP	

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 partnership; that I am 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 as an appointment with an address.

SIGNATURE:  **Harold K. Smith** 4/20/98 (352)735-5557

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/97)

Handwritten initials and date: J2 5/19