

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

FILED

Apr 30 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # K92506 (0)
 1. Corporation Name
KINGS III OF AMERICA, INC.



Principal Place of Business: **1430 VALWOOD PKWY STE 110 CARROLLTON TX 75006 US**

Mailing Address: **1430 VALWOOD PKWY STE 110 CARROLLTON TX 75006 US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		06/01/1989	
22. City & State		27. City & State		4. FEI Number	
23. Zip		28. Zip		59-2952845	
24. Country		29. Country		Applied For	
				Not Applicable	
8. Name and Address of Current Registered Agent				5. Certificate of Status Desired	
SAMPSON, DAVID B 2451 MCMULLEN BOOTH RD., #33 CLEARWATER FL 34619 5313 Locust Place New Port Richey, FL 34652				<input type="checkbox"/> \$8.75 Additional Fee Required	
				<input type="checkbox"/> \$5.00 May Be Added to Fees	
				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
9. Name and Address of New Registered Agent				10. Name and Address of New Registered Agent	
				81 Name	
				Same	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				5313 Locust Place	
				83	
				84 City	
				New Port Richey	
				FL	
				85 Zip Code	
				34652	

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAMPSON, DAVID CHARLES	1.2 NAME	
STREET ADDRESS	1238 J.T. OTTINGER	1.3 STREET ADDRESS	
CITY-ST-ZIP	KELLER TX	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMPSON, JAMES H.	2.2 NAME	
STREET ADDRESS	10222 BRIDGEGATE WAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	DALLAS TX 75243	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROADY, GEORGE K	3.2 NAME	
STREET ADDRESS	10500 STRAIT LANE	3.3 STREET ADDRESS	10050 Strait Ln.
CITY-ST-ZIP	DALLAS TX	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCGAR, JANET L	4.2 NAME	
STREET ADDRESS	5044 RIDGECREST	4.3 STREET ADDRESS	
CITY-ST-ZIP	THE COLONY TX	4.4 CITY-ST-ZIP	
TITLE		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		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 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: *Janet L MCGar (Janet L. McGar) 2-4-98 972/484-9137*

CR2E034 (10/97)