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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # K96391

(3)

1. Corporation Name

KING'S HUMAN, INC.

Principal Place of Business

**7080 PALMETTO PARK RD W
BOCA RATON FL 33433-3462**

Mailing Address

**7080 PALMETTO PARK ROAD
SUITE 1
BOCA RATON FL 33433
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/19/1989

3a. Date of Last Report

07/19/1994

4. FEI Number

65-0130382

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 2530 N. POWERLINE RD.

Suite, Apt. #, etc.

27 401

City & State

28 POMPANO BEACH, FL

29 Zip

33069

30 Country

U.S.A.

9. Name and Address of Current Registered Agent

**QUACH, HUY K.
7050 PALMETTO PARK RD W
BOCA RATON FL 33487**

10. Name and Address of New Registered Agent

81 Name **MAN LUP LEE**

82 Street Address (P.O. Box Number is Not Acceptable)

7050 PALMETTO PARK RD W

83

84 City **BOCA RATON**

FL

85 Zip Code
33487

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, Sections 607.0505, Florida Statutes.

SIGNATURE

Signature, typed name and title of registered agent and title if applicable

(NOTE: Registered Agent signature required when reconstituting)

DATE

12. OFFICERS AND DIRECTORS

TITLE
D
NAME
LEE, MAN LUP
STREET ADDRESS
21808 LAKE FORST CIRCLE, #102
CITY - ST - ZIP
BOCA RATON FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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CITY - ST - ZIP

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CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this report is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 as an attachment with an address.

MAN LUP LEE

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Type)

(Typed Name)

(407) 395-9434