FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

(9)

GYROS KING CORPORATION

C IO MARK H. CRECC	100360 OVERSEAS HIGHWAY	
rincipal Place of Business	Mailing Address	

Principal Place or	DUSINESS	,,,,,								
C/O MARK H. GREGG 89240 OVERSEAS HWY., S-5 TAVERNIER FL 33070			100360 OVERSEAS HIGHWAY KEY LARGO FL 33037 US				90 P	ato of Last	Renort	
TAVEHNIEH FL 33070			00			3. Date Incorporated or Qualified 03/16/1990	Jal. Da	a. Date of Last Report 05/22/1995		
2. Principal Place	of Rueinges	28.	. Mailing Address				4. FEI Number			Applied For
z. Frincipar riace	O pusiness	26					59-0192273			Not Applicable
Suite, Apt. #, etc.		27	Suite, Apt. #, etc.			5. Certificate of Status Desired Status Desired Fee Required				
City & State			City & State				6. Election Campaign Financing Trust Fund Contribution			00 May Be led to Fees
ZID	Country	28	Zip	Cou	ntry		8. This corporation has liability for		tax under	s 199.032,
4	25	29		30			Florida Statutes Yes 10. Name and Address of New F	□ No	d Agent	
	9. Name and Address of Curr	ent Regis	stered Agent				10. Name and Address of New P	egistere	A Agent	
					81	Name				
	MARK H. OVERSEAS HWY.				82	Street Add	ress (P.C), Box Number is Not Acceptat	ole)		
89240 C S-5	IVERSEAS TIVIT.				83					
TAVERN	IER FL 33070				84	City		F	85	Zip Code
					<u> </u>	L	ration submits this statement for the pu ard of directors. I hereby accept the app	rnose of	charoing it	s registered office
CICNATUDE	and accept the obligations of, Si	gent and title i	it applicable. (NO	OTE: Registere	o Age	nt signature requir	eg when resistating) ADDITIONS/CHANGES TO OFI	DATE		TORS IN 12
12.	OFFICERS :	AND DIRE		13.	T.T. F		ADDITIONS/CHANGES TO GIT	102,107	Chang	
TITLE	PD		DELETE	11						-
NAME	FERNS, WILLIAM	7 81/8			IAME	I ADDRESS				
STREET ADDRESS	POST OFFICE BOX 308	I N/A		1		ST-ZIP				
CITY - ST - ZIP	KEY LARGO FL		[] DELETE		TITLE				[] Chan	ge Addition
THTLE	STD Ferns, Freda		_ ottere		NAME					
NAME	POST OFFICE BOX 308	7 N/A				1 ADDRESS				
STREET ADDRESS	KEY LARGO FL	14/1		1		ST-ZIP				
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NAME						EFT ADDRESS				
STREET ADDRESS				0.3		ET AUDMESS				

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Flor da 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

4/2/96 (305)451-0507

CR2E034 (12/95)