

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90045 047 ***150.00

DOCUMENT # M97066

1. Entity Name

KING LUGGAGE INC



Principal Place of Business

6923 W FLAGLER ST
MIAMI FL 33144

Mailing Address

% MYRON L. KING
6923 W FLAGLER ST
MIAMI FL 33144

2. Principal Place of Business

6923 W FLAGLER ST
Suite, Apt. #, etc.
MIAMI FLA
City & State
33144 Dade
Zip Country

3. Mailing Address

6923 W FLAGLER ST
Suite, Apt. #, etc.
MIAMI FLA
City & State
33144 Dade
Zip Country



MOORE

CR2E034 (11/03)

4. FEI Number

59-1634425

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KING, MYRON L
6923 W. FLAGLER ST
MIAMI FL 33144

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Numbers Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

M.L. King M.L. KING

(NOTE: Registered Agent signature required when reinstating)

2/30/04

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> Delete
NAME	KING, MYRON L	
STREET ADDRESS	6923 W FLAGLER ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	KING, MARTHA A	
STREET ADDRESS	6923 W FLAGLER ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	KING, CAMERON R	
STREET ADDRESS	6923 W. FLAGLER ST	
CITY-ST-ZIP	MAIMI FL	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

M.L. King M.L. KING PTA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/30/04 (305) 264-7173

DATE

Daytime Phone #