

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Sep 10, 1999 8:00 am
Secretary of State

09-10-1999 90011 004 ****61.25

DOCUMENT # N94000003557

1. Corporation Name

THE THREE KINGS DAY, INC.

Principal Place of Business

3328 S. SEMORAN BLVD.
4
ORLANDO FL 32822

Mailing Address

978 RIVERCON ROAD
ORLANDO FL 32825



Principal Place of Business 978 RIVECON RD Suite, Apt. #, etc.		2a. Mailing Address 26 SAME AS ABOVE Suite, Apt. #, etc.		3. Date Incorporated or Qualified 07/15/1994	
City & State ORLANDO, FLA.		City & State 28		4. FEI Number 59-3388722 Applied For Not Applicable	
Zip 32825		Country 25 ORANGE		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
9. Name and Address of Current Registered Agent PLASENCIA, RENE 3328 S. SEMORAN BLVD APT 4 ORLANDO FL 32822		29		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. Name and Address of New Registered Agent		30		81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City FL	
				85 Zip Code	

I. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. NAME	D PLASENCIA, RENE 3328 S. SEMORAN BLVD. ORLANDO FL 32822	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. STREET ADDRESS		1.2 NAME	
3. CITY-STATE-ZIP		1.3 STREET ADDRESS	
4. NAME	D LABORDE, LUCY 3328 S. SEMORAN BLVD. ORLANDO FL 32822	1.4 CITY-STATE-ZIP	
5. STREET ADDRESS		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. CITY-STATE-ZIP		2.2 NAME	
7. NAME	D SANCHEZ, SUSAN P 4464 SALVIA DR. ORLANDO FL 32812	2.3 STREET ADDRESS	
8. STREET ADDRESS		2.4 CITY-STATE-ZIP	
9. CITY-STATE-ZIP		3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
10. NAME		3.2 NAME	APONTE, Jose
11. STREET ADDRESS		3.3 STREET ADDRESS	10113 BROWNWOOD AVE
12. CITY-STATE-ZIP		3.4 CITY-STATE-ZIP	ORLANDO FL 32825
13. NAME		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. STREET ADDRESS		4.2 NAME	
15. CITY-STATE-ZIP		4.3 STREET ADDRESS	
16. NAME		4.4 CITY-STATE-ZIP	
17. STREET ADDRESS		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. CITY-STATE-ZIP		5.2 NAME	
19. NAME		5.3 STREET ADDRESS	
20. STREET ADDRESS		5.4 CITY-STATE-ZIP	
21. CITY-STATE-ZIP		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME		6.2 NAME	
23. STREET ADDRESS		6.3 STREET ADDRESS	
24. CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/99)