**W: FILING FEE AFTER MAY 1 IS $155.00**

PORATION
NNUAL REPORT
**1995**

FLORI DEPARTMENT OF STATE
ndra B. Mortham
retary of State
DIVISI OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUL 24 AM 8:23

DOCUMENT # N94000004837 (0)

1. Corporation Name

THE MIDDLE KINGDOM CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business
200 1ST AVE. NORTH
#203
ST. PETERSBURG FL 33701

Mailing Address
200 1ST AVE. NORTH
#203
ST. PETERSBURG FL 33701

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/28/1994
3a. Date of Last Report:
4. FEI Number: APPLIED FOR — Applied For / Not Applicable

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
Zip — 24
Country — 25
Zip — 29
Country — 30

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

**9. Name and Address of Current Registered Agent**

STEWART, JAMES V
200 1ST AVE. NORTH
#203
ST. PETERSBURG FL 33701

**10. Name and Address of New Registered Agent**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City — FL — 85 Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable — (NOTE: Registered Agent signature required when resigning) — DATE

**12. OFFICERS AND DIRECTORS**

| | |
|---|---|
| TITLE | PD |
| NAME | STEWART, JAMES V |
| STREET ADDRESS | 200 1ST AVE. NORTH, #203 |
| CITY-ST-ZIP | ST. PETERSBURG FL 33701 |
| TITLE | VSD |
| NAME | MITCHELL, MICHAEL |
| STREET ADDRESS | 1151 34TH AVE. NORTH |
| CITY-ST-ZIP | ST. PETERSBURG FL 33704 |
| TITLE | TD |
| NAME | REILLY, STEVEN |
| STREET ADDRESS | P.O. BOX 861 N/A |
| CITY-ST-ZIP | ST. PETERSBURG FL 33731-0861 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

| | |
|---|---|
| 1 1 TITLE | ☐ Change ☐ Addition |
| 1 2 NAME | |
| 1 3 STREET ADDRESS | |
| 1 4 CITY-ST-ZIP | |
| 2 1 TITLE | ☐ Change ☐ Addition |
| 2 2 NAME | |
| 2 3 STREET ADDRESS | |
| 2 4 CITY-ST-ZIP | |
| 3 1 TITLE | ☐ Change ☐ Addition |
| 3 2 NAME | |
| 3 3 STREET ADDRESS | |
| 3 4 CITY-ST-ZIP | |
| 4 1 TITLE | ☐ Change ☐ Addition |
| 4 2 NAME | |
| 4 3 STREET ADDRESS | |
| 4 4 CITY-ST-ZIP | |
| 5 1 TITLE | ☐ Change ☐ Addition |
| 5 2 NAME | |
| 5 3 STREET ADDRESS | |
| 5 4 CITY-ST-ZIP | |
| 6 1 TITLE | ☐ Change ☐ Addition |
| 6 2 NAME | |
| 6 3 STREET ADDRESS | |
| 6 4 CITY-ST-ZIP | |

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), 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.

**SIGNATURE:** JAMES V. STEWART — 5-24-95 — (813) 821-2424
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0056355