## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT # N9600002008 (8)

KINGDOM DEVELOPMENT NP CORP.

Principal Place of Business

Mailing Address

FILED Apr 22 1997 8:00am Secretary of State



Solicy April 4, etc.    Sulla, Apt. 4, etc.   Sulla, Apt. 4, etc.   27   27   27   27   27   27   27   2	2450 N.E. 13TH AVENUE WILTON MANORS FL 33305				2450 N.E. 13TH AVENUE WILTON MANORS FL 33305-1304									
25									ŀ	3. Date Incorporated or 04/15/1996	Qualified	d 3a. Date of Last Report		
28	2. Principal Pl	ace of Busin	1055	2a.	2a. Mailing Address				-	#. F5HNumber	4 - 4	.k	Ar	polied For
Suite, Apt. 4, etc.   Suite, Apt. 5, etc.   Suite, Apt. 6, etc.	21			26	26				- 1	65-06634	406	i	<del> </del>	·······
City & State   City & City & State   City & City & State   City & State   City & State   City & State   City					<u> </u>									
Zip   Country   Zip   Country   Zip   Country   B. This corporation has liability for intamplibit tax under s. 199 .032, 29   29   30   10   20   20   20   20   20   20   2	22											<u> </u>	Fee Re	equired
9. Name and Address of Current Registered Agent 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 11. Pursuant to the provisions of Sections 617,0502 and 617,1508. Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as 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 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, and annual with, and accept that obligations of, Section 617,0503, Provide Statutes.  11. Pursuant to the provisions of Sections 817,0502 and 617,1508. Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered office or registered agent, and annual with, and accept that obligations of, Section 617,0503, Provide Statutes.  12. OFFICERS AND DIRECTORS  12. OFFICERS AND DIRECTORS  13. ADDITIONISCHANGES TO OFFICERS AND DIRECTORS IN 12  13. STREET ADDRESS  14. STREET ADDRESS  13. ADDITIONISCHANGES TO OFFICERS AND DIRECTORS IN 12  13. STREET ADDRESS  14. STREET ADDRESS  14. STREET ADDRESS  15. ADDITIONISCHANGES TO OFFICERS AND DIRECTORS IN 12  16. Change Addition  17. STANE  18. ADDITIONISCHANGES TO OFFICERS AND DIRECTORS IN 12  19. TITLE  10. Change Addition  19. Change Addition	23									. •				
25   28   29   30   Florida Statutes	Zip		Country		Zip Count					B. This corporation has I	ability for i	ntangible	tax under s	. 199.032,
LANATA, JOHN 2450 N.E. 13TH AVENUE WILTON MANORS FL 33305  80  City FL  11. Pursuant to the provisions of Sections 617,0502 and 617,1508, Florida Statutes, the above-nemed corporation submits this statement for the purpose of changing its registered agent. or both, in the State of Florida. Such change was authorized by the corporation's board of directors. (hereby accept the appointment as registered agent arm familiar with, and accept the obligations of, Section 617,0503, Florida Statutes.  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  14. PURSUANT STATE TO OFFICERS AND DIRECTORS  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  16. ANAM  17. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  29. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  29. ADDIT	24	25			29 30									
LANATA, JOHN 2450 N.E. 13TH AVENUE WILTON MANORS FL 33305  B4 City FL 85 Zip Code  11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submitle this statement for the purpose of changing lits registered agent I am familiar with an advected the obligations of, Section 617.0503, Florida Statutes, the above-named corporation's board of directors. I hereby accept the eppointment as registered agent I am familiar with an advected the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  PSD DELETE 1.1TITLE DELETE 1.1TI		9. Name	and Address of Curren	nt Regist	egistered Agent				10. Name and Address of New Registered Agent					
2450 N.E. 13TH AVENUE WILTON MANORS FL 33305  B4 City FL 85 Zip Code  11. Pursuant to the provisions of Sections 617 0502 and 617 1508. Florida Statutes, the above-named corporation submits this statement for the purpose of champing lits registered agent. I am familiar with, and accept the objigations of, Section 617 0503, Florida Statutes.  SIGNATURE    Signature   PSD							81	Name						
2450 N.E. 13TH AVENUE WILTON MANORS FL 33305  B4 City FL 85 Zip Code  11. Pursuant to the provisions of Sections 617 0502 and 617 1508. Florida Statutes, the above-named corporation submits this statement for the purpose of champing lits registered agent. I am familiar with, and accept the objigations of, Section 617 0503, Florida Statutes.  SIGNATURE    Signature   PSD	LANATA JOHN							Ctroot /	A didicas	o /O O Pay Number le Net	Assentah	la\		
### City ###	2450 N.E. 13TH AVENUE							20,661	- Augres	s (F.O. Box Number is No	Acceptab	16)		
The Pursuant to this 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 agont, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the epipointment as registered agont, or materialist with, and accept the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE    The provision of the provision of some of many of registered agont and the superated with a specialist provision of the provision of some of many of registered agont and the superated with superated agont agont and the superated with superated agont agont and the superated with superated agont agont and the superated agont ag	WILTON MANORS FL 33305									e, d				
SIGNATURE     Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Si							84	City				FL	85 Zip	Code
Signature typed or primed amore of regulared agenitar size it it pages between Agenitary steps they required when rehistancy)   DATE	11. Pursuant to office or reagent. Lar	to the provis egistered ag m familiar wi	ions of Sections 617.050 ent, or both, in the State th, and accept the oblig	2 and 61 of Florid ations of	17.1508, Florida Statu la. Such change was , Section 617.0503, F	utes, the author forida (	e above rized by Statutes	named the corp	corpori	ation submits this stateme n's board of directors. I her	nt for the p eby accep	urpose o t the app	f changing it pointment as	s registered registered
TITLE	SIGNATURE _	Signature, typed	or printed name of registered ag-	ent and title i	if applicable (NC	OTE: Regis	stered Age	nt signature	required	when reinstating)		DATE		
NAME	12.		OFFICERS AN	D DIREC	TORS	1	13.			ADDITIONS/CHANGES	TO OFFIC	ERS AND	DIRECTOR	RS IN 12
STREET ADDRESS   CITY_ST_2P	TITLE	PSD			DELETE	1	1.1 TITLE						Change	Addition
STREET ADDRESS   CITY_ST_2P	NAME	LANATA	, John			1	1.2 NAME	- 1						
CITY-S1-72P   WILTON MANORS FL 33305	STREET ADDRESS	2450 N.I	E. 13TH AVENUE			1	1.3 STREET	ADDRESS						
TITLE	CITY-ST-7/P													
NAME   STEPELTON, SEAN   22 NAME   23 STREET ADDRESS   2450 N.E. 13TH AVENUE   23 STREET ADDRESS   24 CITY-SI-ZIP					DELETE								Change	Addition
STREET ADDRESS   2450 N.E. 13TH AVENUE   23 STREET ADDRESS   24 CITY-S1-ZIP     ITILE   D	NAME		TON. SEAN											
City-St-ZiP   WILTON MANORS FL 33305   2.4 City-St-ZiP     VITE   D	STREET ADDRESS							ADDRESS					•	
TITLE   D														ŀ
NAME   STEPELTON, DOUGLAS A   3.2 NAME   3.3 STREET ADDRESS   2395 S.E. 8TH STREET   3.3 STREET ADDRESS   2395 S.E. 8TH STREET   3.3 STREET ADDRESS   3.4 CITY-ST-ZIP   TITLE   Change   Addition								27 - 2.41		······································			Change	Addition
STREET ADDRESS   2395 S.E. 8TH STREET   3.3 STREET ADDRESS   3.4 CITY-ST-ZIP		_	TON DOUGLAS A											_
DELETE   DELETE   DELETE   Addition   DELETE   DEL								ADDRESS						
DELETE	· ·													
NAME		1 (1111 71	TO DESCRIPTION OF		DELETE			21 - ZIF		•			Channe	Addition
A3 STREET ADDRESS   A4 CITY - ST - ZIP					vector								- Chango	
CITY-S1-ZIP         4.4 CITY-ST-ZIP           TITLE         DELETE         5.1 TITLE         Change         Addition           NAME         52 NAME						- 1		ADDOCAA		•				
DELETE						- 1								
NAME         \$2 NAME           STREET ADDRESS         \$3 STREET ADDRESS           CITY - ST - ZIP         \$4 CITY - ST - ZIP           TITLE         DELETE         6.1 TITLE           NAME         62 NAME           STREET ADDRESS         63 STREET ADDRESS					Inciere			1 - ZIP					Change	Addition
STREET ADDRESS					L.J DELETE	- 4							LILI OTRITUE	LI NOUIIUII
CITY-S1-ZP         5.4 CITY-S1-ZIP           TITLE         DELETE         6.1 TITLE         Change         Addition           NAME         62 NAME         STREET ADDRESS         63 STREET ADDRESS         63 STREET ADDRESS						- 1								
TITLE DELETE 6.1 TITLE						1								
NAME STREET ADDRESS 62 NAME 63 STREET ADDRESS					- Secret			T-ZIP						g,e.301
STREET ADDRESS 63 STREET ADDRESS					LJ DELETE								LLI Change	L] Addition
	NAME							ŀ						
CITY-SI-ZIP	STREET ADDRESS					6	6.3 STREET	ADDRESS						
14. Lig hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes, Lightler certify that the	CITY-S1-ZIP	<del> </del>							<u> </u>					

4. I do 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 ecciver 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 or an attachment with an address.

SIGNATURE: \_\_

NATURE AND VALED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/97

568-1156