


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED

Aug 17 1998 8:00am
Secretary of State

0006164

NONPROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N96000002008 (8)					
1. Corporation Name KINGDOM DEVELOPMENT NP CORP.					
Principal Place of Business 2450 N.E. 13TH AVENUE WILTON MANORS FL 33305		Mailing Address 2450 N.E. 13TH AVENUE WILTON MANORS FL 33305			
2. Principal Place of Business 21 1841 NE 65 CT		2a. Mailing Address 26 Same		3. Date Incorporated or Qualified 04/15/1996	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 65-0663406	
City & State 23 FT LAUD FL		City & State 28		Applied For <input type="checkbox"/> Not Applicable	
Zip 24 33308		Zip 29		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Country 25 BWD		Country 30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent LANATA, JOHN 2450 N.E. 13TH AVENUE WILTON MANORS FL 33305				7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
				10. Name and Address of New Registered Agent	
				81 Name John A. Lanata	
				82 Street Address (P.O. Box Number is Not Acceptable) 1841 NE 65 CT	
				83	
				84 City FT LAUD 85 Zip Code FL 33308	
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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
1.1 TITLE <input type="checkbox"/> DELETE					
1.2 NAME LANATA, JOHN					
1.3 STREET ADDRESS 2450 N.E. 13TH AVENUE					
1.4 CITY-ST-ZIP WILTON MANORS FL 33305					
2.1 TITLE <input checked="" type="checkbox"/> DELETE					
2.2 NAME STEPELTON, SEAN					
2.3 STREET ADDRESS 2450 N.E. 13TH AVENUE					
2.4 CITY-ST-ZIP WILTON MANORS FL 33305					
3.1 TITLE <input checked="" type="checkbox"/> DELETE					
3.2 NAME STEPELTON, DOUGLAS A					
3.3 STREET ADDRESS 2395 S.E. 8TH STREET					
3.4 CITY-ST-ZIP POMPANO BEACH FL 33062					
4.1 TITLE <input type="checkbox"/> DELETE					
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE <input type="checkbox"/> DELETE					
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE <input type="checkbox"/> DELETE					
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
1.2 NAME VTD					
1.3 STREET ADDRESS JULIE LANATA					
1.4 CITY-ST-ZIP 1841 NE 65 CT FT LAUD FL 33308					
2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
3.2 NAME D. NANCY L. LANATA					
3.3 STREET ADDRESS 1841 NE 65 CT, FT LAUD FL					
3.4 CITY-ST-ZIP 33308					
4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
6.2 NAME 100002620331					
6.3 STREET ADDRESS -08/20/98--01003--022					
6.4 CITY-ST-ZIP ***61.25					
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 118.07(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.					
SIGNATURE: John LANATA 7/13/98 954 938-4466					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

CR2E037 (5/98)