

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**FILED**  
**Mar 02, 1999 8:00 am**  
**Secretary of State**

03-02-1999 90125 037 \*\*\*\*61.25

**DOCUMENT # N98000002040**

1. Corporation Name

**FRIENDS OF KING, INC.**

Principal Place of Business

2601 SOUTH BAYSHORE DRIVE  
SUITE 1400  
COCONUT GROVE FL 33133

Mailing Address

2601 SOUTH BAYSHORE DRIVE  
SUITE 1400  
COCONUT GROVE FL 33133



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

04/03/1998

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

65-0832792

Applied For

Not Applicable

22

City & State

27

City & State

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

23

Zip Country

28

Zip Country

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RUBINO, FRANK A ESQ./  
2601 SOUTH BAYSHORE DRIVE  
SUITE 1400  
COCONUT GROVE FL 33133

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 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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE  
NAME RUBINO, FRANK A  
STREET ADDRESS 2601 SOUTH BAYSHORE DRIVE SUITE 1400  
CITY-ST-ZIP COCONUT GROVE FL 33133

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D ☐ DELETE  
NAME RUBINO, ANN M  
STREET ADDRESS 2601 SOUTH BAYSHORE DRIVE SUITE 1400  
CITY-ST-ZIP COCONUT GROVE FL 33133

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D ☐ DELETE  
NAME CRISTINA, MACHIN  
STREET ADDRESS 2601 SOUTH BAYSHORE DRIVE SUITE 1400  
CITY-ST-ZIP COCONUT GROVE FL 33133

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. 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

2/10/99 305-888-5300  
Date Daytime Phone #

CR2E037 (11/98)