

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
Jun 01, 1999 8:00 am
Secretary of State

06-01-1999 90010 042 ****61.25

0038786

DOCUMENT # N98000005958

1. Corporation Name

MESSENGER OF THE GREAT KING INC.

Principal Place of Business

8650 NW 24TH STREET
SUNRISE FL 33322

Mailing Address

8650 NW 24TH STREET
SUNRISE FL 33322



2. Principal Place of Business

21 *Same as above*

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26 *Same*

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

10/19/1998

4. FEI Number

65-0857037

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

GUERRIER-LEGER, MARIE R
8650 NW 24TH STREET
SUNRISE FL 33322

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 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

MARIE R. GUERRIER-LEGER
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

5/30/99

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE

NAME **GUERRIER LEGER, MARIE R**

STREET ADDRESS **8650 NW 24TH STREET**

CITY-ST-ZIP **SUNRISE FL 33322**

TITLE **VD** ☐ DELETE

NAME **ANTOINE, LEOPOLD**

STREET ADDRESS **1420 SW 10TH ST #101**

CITY-ST-ZIP **NORTH LAUDERDALE FL 33068**

TITLE **SD** ☐ DELETE

NAME **CLERVEAU, EMIE**

STREET ADDRESS **1304 NW 62ND AVE**

CITY-ST-ZIP **MARGATE FL 33063**

TITLE **TD** ☐ DELETE

NAME **ANDRE, EDGAR**

STREET ADDRESS **575 SW 20TH AVE #4**

CITY-ST-ZIP **FT. LAUDERDALE FL 33312**

TITLE **D** ☐ DELETE

NAME **LEGER, LOUIVEL**

STREET ADDRESS **8650 NW 24TH STREET**

CITY-ST-ZIP **SUNRISE FL 33322**

TITLE **D** ☐ DELETE

NAME **PETIT, JEAN M**

STREET ADDRESS **7810 SW 10TH COURT #A**

CITY-ST-ZIP **NORTH LAUDERDALE FL 33068**

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARIE R. GUERRIER-LEGER
Date Daytime Phone #

CR2E037 (11/98)