DOCUMENT #       P010000 (3044)       04-09-2002         1. Extry Name       Kingl INVESTOR, /we.       04-09-2002         Kingl INVESTOR, /we.       DO NOT WRITE IN THIS SPACE       BI         2. Principal Place of Business       3. Mailing Address       BI         Suite Apt. etc.       Suite. Apt. etc.       DO NOT WRITE         Suite Apt. etc.       City & State       6.5-10823/9         Zip ''       Country       S. Certificate of Status Desired         DO NOT WRITE IN THIS SPACE       Name and Address of Current R         DO NOT WRITE IN THIS SPACE       State Of Status Desired         DO NOT WRITE IN THIS SPACE       State Of Status Desired         Name       To Apd. Country       S. Certificate of Status Desired         DO NOT WRITE IN THIS SPACE       State Of Country       S. Certificate of Status Desired         Boo NOT WRITE IN THIS SPACE       Name       Name       Name Address of Current R         Name       Country       State Of Status Desired       Status Desired       Status Desired         Status Address (P.O. Box Number Is Not Acceptable)       State Of State Of State Of Test       State Of Test         State Address (P.O. Box Number Is Not Acceptable)       State Of Test State Of Test       State Of Test State Of Test         State Address (P.O. Box Number Is Not Accepta	2002 8:00 am ary of State
KinEl       INVESTOR, /we.         DO NOT WRITE IN THIS SPACE       B(         2. Principal Place of Business       3. Mailing Address         9010 3w J37 4/vE       Suite Apl. #. etc.         Suite Apl. #. etc.       DO NOT WRITE         Suite Apl. #. etc.       DO NOT WRITE         City & State       4. FEI Number         01 4 7:       Country         33186       US9         DO NOT WRITE       Country         BO NOT WRITE       Name and Address of Current R         Name       Name         Name       Name and Address of Current R         Name       Name         Status to status basistement for the purpose of changing its registered office or registered agent. or both. in the State of Flori	90733 046 ***150.00
2. Principal Place of Business       3. Mailing Address       BIC         9010 3 4/ 137 4/2       Suite, Apt. #, etc.       DO NOT WRITE         Suite, Apt. #, etc.       City & State       4. FEI Number         0.1 4/1 7       FL 0 2134       City & State       4. FEI Number         0.1 4/1 7       FL 0 2134       Country       Zip       Country       5. Certificate of Status Desired         0.1 4/1 7       FL 0 2134       Country       Zip       Country       5. Certificate of Status Desired         0.1 4/1 7       FL 0 2134       Country       Zip       Country       5. Certificate of Status Desired         0.1 4/1 7       FL 0 2134       Country       State       After May 1/2 For 12 For 26.       Stred Address of Current R         Name       Name       Name       Name       Name       Name       Name         Name       NATE Address PACE       Stred Address of Current R       Stred Address of Current R       Stred Address of Current R       Name         Name       NATE Address PACE       Stred Address of Current R       Stred Address of Current R       Stred Address of Current R         Name       NATE Address PACE       WOTF. Represend Agen signetice to state of Flori       Stred Address of State of Flori       State of Flori         SIGNATURE <th></th>	
9010 3:w 137 4/2       DO NOT WRITE         Suite, Apt. #, etc.       Do NOT WRITE         0:10 3:37 5 4 206       City & State         0:11 4 7: 70 0 1 3 1 3 1 3 6       City & State         11.       DO NOT WRITE         11.       OFFICERS AND DIRECTORS         11.       OF	061603
City® State       City & State       4. FEI Number         Digni       FLORISA       City & State       4. FEI Number         2/p *       Country       Zip       Country       5. Certificate of Status Desired         DO NOT WRITE IN THIS SPACE       7. Name and Address of Current R         Name       NAME       Name       NAME         Stread Address (P.O. Box Number is Not Acceptable)       G. Stread Address (P.O. Box Number is Not Acceptable)         Vity       The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Flori         StCNATURE       Stephater: typed or unmeent name of registered ngent multility if orgaceable.       (MOTF: Regroup of Agent signature registered agent, or both, in the State of Flori         9. This corporation is eligible to satisfy its Intangible Tax fling requirement and elects to do so. (See criteria on back)       January 1 - May 1, Fee is \$150.00, After May 1, Fee is \$550.00       10. Election Campaign Finar Trust Fund Contribution.         11.       OFFICERS AND DIRECTORS       Make Check Payable to Department of State       10. Election Campaign Finar Trust Fund Contribution.         11.       OFFICERS AND DIRECTORS       IffLE       NA42, FARTY G. Signator, FL, 33/8 G.       IffLE	IN THIS SPACE
Zip       Country       Zip       Country       5. Certificate of Status Desired         33186       US1       S. Certificate of Status Desired       7. Name and Address of Current R         DO NOT WRITE IN THIS SPACE       Name       Name       Name         Name       N42, mikting country       Street Address (P.O. Box Number is Not Acceptable)         9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)       (NOTF: Regenered Agent signature remating)         9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)       (NOTF: Regenered Agent signature remating)         11.       OFFICERS AND DIRECTORS       Make Check Payable to Department of State         11.       OFFICERS AND DIRECTORS       TITLE NAME STREET ADDRESS       TITLE NAME STREET ADDRESS         VA2, f4/km       SUFF 206       TITLE NAME       SUFFICERS AND DIRECTORS	Applied For
33106       039         7. Name and Address of Current R         DO NOT WRITE         IN THIS SPACE         Name         Name         Name         Name         Name         O NOT WRITE         IN THIS SPACE         City         Street Address (P.O. Box Number is Not Acceptable)         O IO SW J37 4/5.         Street Address (P.O. Box Number is Not Acceptable)         O IO SW J37 4/5.         City         O IO SW J37 4/5.         Street Address (P.O. Box Number is Not Acceptable)         O IO SW J37 4/5.         Street Address (P.O. Box Number is Not Acceptable)         O IO SW J37 4/5.         Street Address (P.O. Box Number is Not Acceptable)         O IO SW J37 4/5.         Street Address (P.O. Box Number is Not Acceptable)         O IO SW J37 4/5.         Street Address is Street Address (P.O. Box Number is Not Acceptable)         January 1 - May 1 Fee is \$150.00,         In Stread delects to do so.	Not Applicable
Name       Stredt Address (P.O. Box Number is Not Acceptable)       City       Stredt Address (P.O. Box Number is Not Acceptable)       City       City       Tot       Name       Name       Name	Fee Required
<ul> <li>8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Flori SICNATURE</li> <li>SICNATURE</li></ul>	
<ul> <li>8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Flori SICNATURE</li></ul>	FL Zip Code
Signature, typed or jameet rame of registered agent multiple of opplacable.       (NOTF: Registered Agent signature required when ransburg)         9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)       January 1 - May 1 Fee is \$150.00, After May 1, Fee is \$550.00         11.       OFFICERS AND DIRECTORS       Amended UBR is \$61.25         IntLe       P 5 J         NAME       NA2, Filing G, GO 5 J 137 After. Subject 206         STREET ADDRESS       TIFLE         P 14 ADRESS       GITY-ST-ZIP	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)       10. Election Campaign Finan After May 1, Fee is \$150,00, After May 1, Fee is \$550,00         10. Election Campaign Finan Trust Fund Contribution.         11.       OFFICERS AND DIRECTORS         11.       NA2, MA2, MA2, MA3, Support         12.       NA2, MA2, MA3, Support         13.7 Ais       Support         14.7 AFT, G       Support         15.7 ZIP       TIAn;         16.       SIREET ADDRESS         CITY-ST-ZIP       SIREET ADDRESS	
Tax tiling requirement and elects to do so.       After May 1, Fee is \$550.00       10. Election Campaign Finar Trust Fund Contribution.         (See criteria on back)       Image: Check Payable to Department of State       Interpret of State         11.       OFFICERS AND DIRECTORS       Interpret of State         Intle       NA2, Make Check Payable to Department of State       Interpret of State         Intle       NA2, Make Check Payable to Department of State       Interpret of State         Street ADDRLSS       Go 10 Swl 137 Arc. Sw)rc 206       Street ADDRESS         CITY-ST-ZIP       Tri Ani       Street ADDRESS	DATE
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<ol> <li>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 fu indicated on this report or supplemental report is true and advantate and that my signature shall have the same legal effect as if made under oall of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes: and that my name attachment with an address, with all other like empowered.</li> </ol>	-
SIGNATURE:	305-115-0148
SIGNATURE AND TYPED OR PRIVED NAME OF SIGNING OFFICER OR DIRECTOR DUL	Daytume Phone #