

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P92000002547 (7)**
1. Corporation Name
KING SYSTEMS, INC.



Principal Place of Business 13350 S. CLEVELAND AVENUE SUITE 124 FT. MYERS FL 33907 US	Mailing Address 13300 56 S. CLEVELAND SUITE 124 FT. MYERS FL 33907 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 11/02/1992	
		4. FEI Number 65-0374192		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent ZARDETTO, GIACOMO 13300 56 S. CLEVELAND AVENUE SUITE 124 FT. MYERS FL 33907		10. Name and Address of New Registered Agent 81 Name GIACOMO ZARDETTO 82 Street Address (P.O. Box Number is Not Acceptable) 15600 FIDDLESTICKS BLVD. 83 84 City FORT MYERS FL 85 Zip Code 33912	
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE *[Signature]* **GIACOMO ZARDETTO, AGENT & PRESIDENT** 4/8/98
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 NAME STREET ADDRESS CITY-ST-ZIP	DPS ZARDETTO GIACOMO 13300 56 S. CLEVELAND AVE., #124 FT. MYERS FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	DPT ZARDETTO GIACOMO 15600 FIDDLESTICKS BLVD. FORT MYERS FL 33912
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT ZARDETTO MIRIAM 13300 56 S. CLEVELAND AVE., #124 FT. MYERS FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	DVS ZARDETTO MIRIAM 15600 FIDDLESTICKS BLVD. FORT MYERS FL 33912
TITLE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	D ZARDETTO, DEREK 15600 FIDDLESTICKS BLVD. FORT MYERS, FL 33912
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	D SALUMB, RAQUEL 15600 FIDDLESTICKS BLVD. FORT MYERS FL 33912
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *[Signature]* **GIACOMO ZARDETTO, PRESIDENT** 4/8/98 (941) 561-0960

CR2E034 (10/97)