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

**PROFIT** CORPORATION **ANNUAL REPORT** 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P93000009313

	KING, INC.						
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	Charles and Company to the state of the state of the state of	Anna and Sandaravett .					
Principal Plac	•	Mailing Address	·		and the Sama		•
1800 N.W. 22ND COURT 1800 N.W. 22ND COURT POMPANO BEACH FL 33069 POMPANO BEACH FL 33069				, 、	2013 84 0 1/84 2014 A 1/8 1/8 1/8 1/8 1/8 1/8 1/8 1/8 1/8 1/8		
1			•	L	DO NOT WRITE IN TI	HIS SPACE	•
					3. Date Incorporated or Qualifed	,	
. 5:	de la constitución de la constit	a Barlina Address			02/01/1993 4. FEI Number	· I i	Applied For
	lace of Business	2a. Mailing Address			65-0395914	-	Not Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.		$\rightarrow$	03 03333 14		5 Additional
22	π, οισ.	27			5. Certifcate of Status Desired	•	Required
City & Stat	e	City & State			6. Election Campaign Financing	\$5.0	00 May Be
23		28			Trust Fund Contribution	Adde	ed to Fees
Zip	Country	Zip 30	Country		<ol> <li>This corporation owes the current year Personal Property Tax.</li> </ol>	Intangible	□No
24	9. Name and Address of Current		<u> </u>		10. Name and Address of New Register		
•	g. Haine and Address of Odiffin	inegistered Agont	81 Name		10.		· ·
DAN	NER, JEANETTE		00 0	A	(D.O. Barrishania Nat Assertable)		
1800 N.W. 22ND COURT		82 Street	Address	s (P.O. Box Number is Not Acceptable)			
POMPANO BEACH FL 33069			83			# 24 July	
		* *	84 City		\$1.27 \$284 1.28 \$384 2.20 <u></u>	85 7	ip Code
e e o a se andres		A St. Co. Ann. Co. Co.			F	L	· •
office or r	edictored agent or both in the State (	if Florida' Such change was auth	horized by the corr	corpora	tion submits this statement for the purpose s board of directors. I hereby accept the ap	of changing pointment as	its registered registered
agent. I a	m familiar with, and accept the obligat	ions of, Section 607.0505, Florid	a Statutes.	oranor.		:.:	
SIGNATURE	·				•		` -
40	Signature, typed or printed name of registered agen				DATE:	-	
12.	OFFICEDS AN			required wh	DATE  ADDITIONS/CHANGES TO DEFICERS	AND DIREC	TORS IN 12
TITLE		DIRECTORS  DELETE	13.	required wh	ADDITIONS/CHANGES TO OFFICERS	AND DIREC	
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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 trusted 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, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**SIGNATURE:** 

NAME

STREET ADDRESS

**FILED** 

Feb 08, 1999 8:00am

**Secretary of State** 

02-08-1999 90030 022 \*\*\*150.00