FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # P93000011645 (7)

RICHAI	rd King	i & associate	S, INC.						
Suite, Apt. #, etc.				Mailing Address 2388 SARATOGA BAY DRIVE WEST PALM BEACH FL 33409 US			Date Incorporated or Qualified		
TIE		·						02/04/1993 04/28/1995	
 Principal Pla 21 	ace of Busine	ess	2a 26	. Mailing Address				4. FEI Number Applied For	
Suite, Apt. #	#, etc.		[20]	Suite, Apt. #, etc.				65-0403229 Not Applicat 5 Certificate of Status Desired S8.75 Additional	
22 City R State		·	27					5. Certificate of Status Desired Fee Required	
Crity & State			28	City & State				6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be	
Zip		Country		Zip	Co	untry	у	R. This corporation has liability for intangible tax under s 199,032,	
24	o Nama		29		30	,		Florida Statutes 🔲 Yes 🖾 No	
	9. Name	and Address of Cu	rrent Regis	tered Agent		81	Name	10. Name and Address of New Registered Agent	
CHAUNC	YFY. HARF	NGON K				_			
						82	Street A	Address (P.O. Box Number is Not Acceptable)	
SUITE 20	SUITE 200					83	,		
W PALM	BEACH F	L 33401				84	City	■■ 85 Zip Code	
11 Purguant to	the provies	one of Sections 607 (2500 and 60	7 4500 Florida Otal		1	1 7	orporation submits this statement for the purpose of changing its registered off	
SIGNATURE s	Signature, typed o	or printed name of registered a				d Ager	nt signature req	required when reinstating: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
THILE	D			☐ DELETE	1. 1 T	TLE		☐ Change ☐ Addition	
NAME STREET ADORESS		IICHARD H Aratoga bay dr	ł		1.2 N		r address		
CITY-ST-ZIP	W PALM	BEACH FL 3340					ST-ZIP		
TITLE	D			☐ DELETE	2.1 T			Change Addition	
NAME STREET ADDRESS	KING, M	iahy j Vratoga bay dr	•		2 2 N/				
CITY-ST-ZIP		I BÉACH FL 33409					ADDRESS		
TITLE	** ***	100,011,000	<u> </u>	DELETE	3 1 TI		GT-ZIP	Change Addition	
NAME					3 2 NA	AME			
STREFT ADDRESS					3 3. S	TREET	T ADDRESS		
CITY-S1-ZIP				Delete	3.4 CI		T-ZiP		
NAME				☐ DELETE	4.17			☐ Change ☐ Addition	
STREET ADDRESS					4.2 NA		***********		
CITY-ST-ZIP							ADDRESS T. 7/P		
TITLE				☐ DELETE	4.4 CO 5. 1 YO		I-ZIF	☐ Change ☐ Addition	
NAME				_	5.2 NA			— onengo — roomen	
STREET ADDRESS					5.3 ST	REET.	ADDRESS		
CITY-ST-ZIP					5 4 CIT	Y-S1	T-ZIP		
TITLE				☐ DELETE	6 1 Ti	TLE		Change Addition	
NAME STREET ADDRESS					. 6.2 NA		1		
CHTY-ST-ZIP							ADDRESS		
14. I do hereby o certify that the oath; that I a	am an officer	r or director of the co	rporation or		e emnower	loes	s not qualify	lify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further curate and that my signature shall have the same legal effect as if made under e this report as required by Chapter 607, Florida Statutes; and that my name	
SIGNATU		Keela	el g	NAME OF SIGNING OFFICE	RIC	(<i>H</i>)	ARD A	KING 4/23/96 407-640-9795	