

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000058349 (0)

1. Corporation Name
THIN KING, INC.



Principal Place of Business: 1201 S. ATLANTIC AVENUE DAYTONA BEACH FL 32118
Mailing Address: 1201 S. ATLANTIC AVENUE DAYTONA BEACH FL 32118

3. Date Incorporated or Qualified: 08/16/1993
3a. Date of Last Report: 02/27/1995

21	22	23	24	25	26	27	28	29	30	4.	5.	6.	8.
Principal Place of Business		Mailing Address		FEI Number		Certificate of Status Desired		Election Campaign Financing		Date of Last Report		This corporation has liability for intangible tax under s 199.032, Florida Statutes	
1201 S. ATLANTIC AVENUE DAYTONA BEACH FL 32118		1201 S. ATLANTIC AVENUE DAYTONA BEACH FL 32118		59-3198519		<input type="checkbox"/>		<input type="checkbox"/>		02/27/1995		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For		Trust Fund Contribution		City & State		Not Applicable		\$8.75 Additional Fee Required	
City & State		City & State		Zip		Country		City & State		\$5.00 May Be Added to Fees			
Zip		Country		Zip		Country		City & State					

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
HANSEN, JOHN C 1201 S. ATLANTIC AVENUE DAYTONA BEACH FL 32118				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 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANSEN, JOHN C	1.2 NAME	
STREET ADDRESS	1201 S. ATLANTIC AVENUE	1.3 STREET ADDRESS	
CITY - ST - ZIP	DAYTONA BEACH FL 32118	1.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANSEN, BARBARA J	2.2 NAME	
STREET ADDRESS	1201 S. ATLANTIC AVENUE	2.3 STREET ADDRESS	
CITY - ST - ZIP	DAYTONA BEACH FL 32118	2.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *J. Hansen* February 25, 1996 904-252-1412
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)