

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mathum
Secretary of State
Tallahassee, Florida 32399-0400

DOCUMENT # **P93000080910 (1)**

LOUIS KING MANAGEMENT CO., INC.

APPROVED
FILED
55 MAY - 1 1995
TALLAHASSEE, FLORIDA

Principal Office of Corporation: 700-900 EAST SUNRISE BLVD
FORT LAUDERDALE FL 33304
Mailing Address: 700-900 EAST SUNRISE BLVD
FORT LAUDERDALE FL 33304

DO NOT WRITE IN THIS SPACE

1. Date of Incorporation or Qualification: 11/23/1993		3a. Date of Last Report: 05/01/1994	
2. FEE Number: 65-0451437		Applied Fee: Not Applicable	
3. Certificate of Status Disclosed: ☒		\$8.75 Additional Fee Required	
4. Election Campaign Contributions: ☐		\$5.00 May Be Added to Fees	
5. This corporation has liability for state tax under 1994 Florida Statutes: ☒			

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
KING, W. CLAY 700-900 E. SUNRISE BLVD. FT LAUDERDALE FL 33304		81. Name: 82. Street Address (P.O. Box Number, if Not Acceptable): 83. City: 84. State: FL 85. Zip Code:	

11. Pursuant to the provisions of Sections 607.01 and 607.02, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent in 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 not aware of any other change of registered office or agent under Florida Statutes.

SIGNATURE: _____

12. (OFFICERS AND DIRECTORS)		13. ADDITIONAL OFFICERS, DIRECTORS AND REGISTERED AGENTS	
1a. NAME: PD KING, LOUIS	1b. NAME:	1c. NAME:	1d. NAME:
1e. STREET ADDRESS: 700-900 E. SUNRISE BLVD.	1f. STREET ADDRESS:	1g. STREET ADDRESS:	1h. STREET ADDRESS:
1i. CITY, STATE, ZIP: FORT LAUDERDALE FL 33304	1j. CITY, STATE, ZIP:	1k. CITY, STATE, ZIP:	1l. CITY, STATE, ZIP:
2a. NAME: VD KING, W. CLAY	2b. NAME:	2c. NAME:	2d. NAME:
2e. STREET ADDRESS: 700-900 E. SUNRISE BLVD.	2f. STREET ADDRESS:	2g. STREET ADDRESS:	2h. STREET ADDRESS:
2i. CITY, STATE, ZIP: FORT LAUDERDALE FL 33304	2j. CITY, STATE, ZIP:	2k. CITY, STATE, ZIP:	2l. CITY, STATE, ZIP:
3a. NAME: VD APPLEBY, ED	3b. NAME:	3c. NAME:	3d. NAME:
3e. STREET ADDRESS: 700-900 E. SUNRISE BLVD.	3f. STREET ADDRESS:	3g. STREET ADDRESS:	3h. STREET ADDRESS:
3i. CITY, STATE, ZIP: FORT LAUDERDALE FL 33304	3j. CITY, STATE, ZIP:	3k. CITY, STATE, ZIP:	3l. CITY, STATE, ZIP:
4a. NAME: VT FRANCIS, KIRK J	4b. NAME:	4c. NAME:	4d. NAME:
4e. STREET ADDRESS: 700-900 E. SUNRISE BLVD.	4f. STREET ADDRESS:	4g. STREET ADDRESS:	4h. STREET ADDRESS:
4i. CITY, STATE, ZIP: FORT LAUDERDALE FL 33304	4j. CITY, STATE, ZIP:	4k. CITY, STATE, ZIP:	4l. CITY, STATE, ZIP:
5a. NAME: VS MAYO, ROBERT K	5b. NAME:	5c. NAME:	5d. NAME:
5e. STREET ADDRESS: 700-900 E. SUNRISE BLVD.	5f. STREET ADDRESS:	5g. STREET ADDRESS:	5h. STREET ADDRESS:
5i. CITY, STATE, ZIP: FORT LAUDERDALE FL 33304	5j. CITY, STATE, ZIP:	5k. CITY, STATE, ZIP:	5l. CITY, STATE, ZIP:

14. I hereby certify that the information supplied with this filing is accurately furnished and does not qualify for the exemption stated in Section 607.01, Florida Statutes. I further certify that the information included on the 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. I am an officer or director of the corporation and the officer or director empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 1, or Block 1a, of this report, or in the official record, with an address.

SIGNATURE: *Kirk J Francis VP* 8/27/95 3057606393
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR