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 # **P93000080925 (9)**

1. Corporation Name
CLAY KING MANAGEMENT CO., INC.

Principal Place of Business
700-900 EAST SUNRISE BLVD.
FORT LAUDERDALE FL 33304

Mailing Address
700-900 EAST SUNRISE BLVD.
FORT LAUDERDALE FL 33304

3. Date Incorporated or Qualified: **11/23/1993**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: **65-0451441** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. **Name and Address of Current Registered Agent**
KING, W. CLAY
700 E. SUNRISE BLVD.
FT LAUDERDALE FL 33304

10. **Name and Address of New Registered Agent**
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 607.0302 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 of Registered Agent DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	KING, LOUIS	
STREET ADDRESS	700-900 E. SUNRISE BLVD.	
CITY-ST-ZIP	FORT LAUDERDALE FL 33304	
TITLE	PD	☐ DELETE
NAME	KING, W. CLAY	
STREET ADDRESS	700-900 E. SUNRISE BLVD.	
CITY-ST-ZIP	FORT LAUDERDALE FL 33304	
TITLE	VD	☐ DELETE
NAME	APPLEBY, ED	
STREET ADDRESS	700-900 E. SUNRISE BLVD.	
CITY-ST-ZIP	FORT LAUDERDALE FL 33304	
TITLE	VT	☐ DELETE
NAME	FRANCIS, KIRK J	
STREET ADDRESS	700-900 E. SUNRISE BLVD.	
CITY-ST-ZIP	FORT LAUDERDALE FL 33304	
TITLE	VS	☐ DELETE
NAME	MAYO, ROBERT K	
STREET ADDRESS	700-900 E. SUNRISE BLVD.	
CITY-ST-ZIP	FORT LAUDERDALE FL 33304	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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DEB 3-25-96

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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date 1/12/96 — Daytime Phone # 954-7606393

CR2E034 (12/95)