FILED Apr 20, 1999 8:00 am Secretary of State

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**PROFIT** CORPORATION ANNUAL REPORT

1999°



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P93000088293

ST JAMES & KING FINANCIAL GROUP, INC.

	e of Business	Mailing Address					
1345 BEAR ISL	AND DRIVE	931 VILLAGE BLVD					
WEST PALM BEACH FL 33409		<b>#905</b> -395			BO MOT MUDITE IN THIS SPACE		
US		WEST PALM BEACH FL 33409			DO NOT WRITE IN THIS SPACE		
		US			3. Date Incorporated or Qualifed		ì
					· 12/20/1993		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	·	oplied For
21		26			65-0455617		ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certifcate of Status Desired		Additional
22	•	27			3. Outlinease of classes booked	Fee Re	equired
City & State	e	- City & State			6. Election Campaign Financing		May Be
23		28			Trust Fund Contribution	Added	to Fees
Zíp	Country	Zip	Count	гу	8. This corporation owes the current	year Intangible	_
24	25	29	30		Personal Property Tax.	☐ Yes	□No
	9. Name and Address of Cu	rrent Registered Agent			10. Name and Address of New Regi	istered Agent	
			8	1 Name			
FRE	ESE, JAMES K		-	2 Street Addr	ess (P.O. Box Number is Not Acceptable	1	
1345 BEAR ISLAND DR			l°	Z Street Addi	ess (P.O. Box Number is Not Acceptable)	,	
			8	3			
WES	ST PALM BEACH FL 33409						
			8	4 City		FL 85 Zip	Code
		0500 1007 4500 51 44 044	- 455-		austian automita this statement for the pur		registered
office or r	edistered agent, or both, in the St	late of Florida. Such change was at	jtnorizea d	iy the corporation	oration submits this statement for the pur on's board of directors. I hereby accept th	e appointment as re	egistered
agent. I a	m familiar/with, and accept the ob	oligations of, Section 607.0505, Flor	ida Statute	es.	·		
SIGNATURE	Hame I Face	I fremelat o	AME	5 K. FR	EESG 7	-15-99	}
	Signature, typed or printed name of registered			ent signature require	d when reinstating)	DATE	
12.							
14.	OFFICERS	S AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC		
TITLE	D OFFICERS	S AND DIRECTORS	13.	:	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTO	ORS IN 12 ☐ Addition
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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 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, opon an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: