

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000029166 (3)**

1. Corporation Name

**JOHN KINGSTON ENTERPRISES INC.**



Principal Place of Business

1401 FORUM WAY SUITE 500  
WEST PALM BEACH FL 33401

Mailing Address

1401 FORUM WAY SUITE 500  
WEST PALM BEACH FL 33401

3. Date Incorporated or Qualified  
**04/15/1994**

3a. Date of Last Report  
**03/10/1995**

2. Principal Place of Business

2a. Mailing Address

21 **Rigell + Leal**  
Suite, Apt. #, etc.

26 **Rigell + Leal**  
Suite, Apt. #, etc.

22 **250 S. Australian Ave.**  
City & State

27 **250 S. Australian Ave**  
City & State

23 **West Palm Beach, FL.**  
Zip

28 **West Palm Beach, FL.**  
Zip

24 **33401**

25 **U.S.A.**

29 **33401**

30 **U.S.A.**

4. FEI Number  
**NOT APPLICABLE**

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

10. Name and Address of New Registered Agent

**BATES, THOMAS M  
C/O GAUNT PRATT & RADFORD PA  
1401 FORUM WAY SUITE 500  
WEST PALM BEACH FL 33401**

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

Signature, typed or printed name, of registered agent and fee, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>KARP, HAZEN J</b>	
STREET ADDRESS	<b>18500 SE WOODHAVEN LN #E</b>	
CITY - ST - ZIP	<b>TEQUESTA FL 33489</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>KARP, CAROL L</b>	
STREET ADDRESS	<b>18500 SE WOODHAVEN LN #E</b>	
CITY - ST - ZIP	<b>TEQUESTA FL 33489</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> DELETE
NAME	<b>KARP, STEPHANIE</b>	
STREET ADDRESS	<b>360 SIESTA AVE 18500 SE WOODHAVEN LN #E</b>	
CITY - ST - ZIP	<b>TEQUESTA FL 33489</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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; 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 in person; 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 it appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: *Hazen J. Karp* **HAZEN J. KARP**

**4/19/96 (907) 747-076**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)