

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 25 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000029166 (3)
 1. Corporation Name
JOHN KINGSTON ENTERPRISES INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business RIGELL & LEAL 250 S AUSTRALIAN AVE WEST PALM BEACH FL 33401 US	Mailing Address RIGELL & LEAL 250 S AUSTRALIAN AVE WEST PALM BEACH FL 33401 US
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3. Date Incorporated or Qualified 04/15/1994	4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

2. Principal Place of Business 21 9205 SE DEERBERRY Suite, Apt. #, etc.	2a. Mailing Address 26 P. O. BOX 3146 Suite, Apt. #, etc.
22 TEQUESTA, FL City & State	27 TEQUESTA, FL City & State
23 33469 Zip	28 33469 Zip
24 USA Country	30 USA Country

9. Name and Address of Current Registered Agent
BATES, THOMAS M
C/O GAUNT PRATT & RADFORD PA
1401 FORUM WAY SUITE 500
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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		DELETED
TITLE	P	<input type="checkbox"/>
NAME	KARP, HAZEN J	
STREET ADDRESS	18500 SE WOODHAVEN LN #E	
CITY-ST-ZIP	TEQUESTA FL 33469	
TITLE	V	<input type="checkbox"/>
NAME	KARP, CAROL L	
STREET ADDRESS	18500 SE WOODHAVEN LN #E	
CITY-ST-ZIP	TEQUESTA FL 33469	
TITLE	ST	<input type="checkbox"/>
NAME	KARP, STEPHANIE	
STREET ADDRESS	18500 SE WOODHAVEN LANE, #E	
CITY-ST-ZIP	TEQUESTA FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		DELETED
1.1 TITLE		<input type="checkbox"/>
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/>
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/>
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/>
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/>
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/>
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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, or on an attachment with an address.

SIGNATURE: Hazen J Karp 3-19-98 (561) 747-0767

CF2E034 (10/97)