SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9400064220 (4)

KING-MAN ENTERPRISES, INC.

FILED Oct 07 1998 8:00am Secretary of State



Principal Place of Bus iness Mailing Address					HAR MINI OLDHA HAND HAND HAND BAND HADD	
		-	•		·	**************************************
6860 TYLER ST. HOLLYWOOD FL 33024		6880 TYLER ST. HOLLYWOOD FL 33024			<u>*</u>	
HOLETHOOD	F 20054	HOLEHROOD IE SLOZY		DO NOT WRITE IN TH	IIS SPACE	
					3. Date Incorporated or Qualified	
					08/31/1994	
2. Principal P	lace of Business	2a. Mailing Address			4. FÉI Númber	Applied For
21		26		65-0524429	Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	± \$8.75 Additional
22		27			Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
23		[28]		4	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Coun	itry	8. This corporation owes or has paid the o	Yes No
24	25	1 Pagistared Agent	30	·	Personal Property Tax due June 30. 10. Name and Address of New Registere	
81 Nama						
SUITON, MANLE K					ANLY K SUTTON	2
6860 TYLER STREET				82 Street Add	ress (P.O. Box Number is Not Acceptable)	1
HOLLYWQOD FL 33024				114	16 63 Lane N.	
			INES	+ PLAM Beh F.	33412	
			Ī	84 City	F	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 obliga	itions of, section 607.0505, Flo	rida Statu	tes.		
SIGNATURE Signature, typed or printed name of registered agent and kills if applicable (NOTE: Registered Agent signature required when reinstating) DATE						
12.					ADDITIONS/CHANGES TO OFFICERS	
TITLE	DPST	DELETE	1.1 TITL	E		Change Addition
NAME	SUTTON, MANLY		1.2 NAM	IE .		
STREET ADDRESS	6860 TYLER ST.		1.3 STR	EET ADDRESS		, ,
CITY-ST-ZIP	HOLLYWOOD FL 33024			/-ST-ZIP		1
TITLE	110001	DELETE	2.1 7171			Change Addition
NAME			2.2 NAM	IE Ì		
STREET ADDRESS			2.3 STR	EET ADDRESS		ं - स्
CITY ST ZIP				(-ST-ZIP		94.
TITLE		DELETE 3.1 TI			1	Change Addition
NAME		[] SECELE	3.2 NAM			Change L. Modition
STREET ADDRESS				EET ADDRESS		
CITY-ST-ZIP			3.4 CITY			#: 17:
TITLE		DELETE	4.1 TITL			Change Addition
NAME		L"] DECE IE	4.2 NAN			Change
				EET ADDRESS		<u>*</u> !,
STREET ADDRESS	₹		1			*
CITY-ST-ZIP TITLE	-	DELETE	5.1 TITL	(-ST-ZIP		Change Addition
NAME		L"] DELETE	5.2 NAM			L_ Change Addition
				EET ADDRESS		
STREET ADDRESS			1			
CITY-ST-ZIP TITLE		Прецет	5.4 CITY 6.1 TITL			T 05-200
		DELETE				Change Addition
NAME			6.2 NAN			
STREET ADDRESS				EET ADDRESS		
CITY-ST-ZIP	<u> </u>		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 expressed 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.

WOMENTURE MEIN MILLER WATER

9-15-98

2E034 (5/98)