

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 # P94000073335 (9)

1. Corporation Name

KING OF HEARTS, INC.



Principal Place of Business

3622 TERAPIN LN. 1008
CORAL SPRINGS FL 33067

Mailing Address

3622 TERAPIN LN. 1008
CORAL SPRINGS FL 33067

3. Date Incorporated or Qualified

09/29/1994

3a. Date of Last Report

08/17/1995

2. Principal Place of Business

2a. Mailing Address

21 NO CHANGE

26 NO CHANGE

4. FEI Number

65-0524797

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

KOPSICK, DONALD P
3622 TERAPIN LN, 1008
CORAL SPRINGS FL 33067

10. Name and Address of New Registered Agent

81 Name

NO CHANGE

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 firm, if applicable

NOTE: Registered Agent Signature required when transferring

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME KOPSICK, DONALD P
STREET ADDRESS 3622 TERAPIN LN, 1008
CITY-ST-ZIP CORAL SPRINGS FL 33067

TITLE D ☐ DELETE

NAME BROVICH, DONNA E
STREET ADDRESS 9400 PRINCETON SQ BLVD S, 2203
CITY-ST-ZIP JACKSONVILLE FL 32256

TITLE D ☐ DELETE

NAME SULLIVAN, LISA A
STREET ADDRESS 1212 PARKWOOD LN
CITY-ST-ZIP GARDEN CITY FL 67846

TITLE D ☐ DELETE

NAME BOGERT, KIM M
STREET ADDRESS 117 N BLVD
CITY-ST-ZIP ST AUGUSTINE FL 32095

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE SAME/NO CHANGE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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. 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

Donald P. Kopsick

4-9-96 (954) 755-6920

Date

Daytime Phone #

CR2E034 (12/95)