

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

FILED
Apr 14 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		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
--	--

NO CHANGE

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/29/1994	
4. FEI Number 65-0524797	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		2a. Mailing Address	
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.		
22. City & State	27. City & State		
23. Zip	28. Zip	Country	Country
24. Zip	25. Country	29. Zip	30. Country

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	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. City	85. Zip Code
FL	

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	D KOPSICK, DONALD P
STREET ADDRESS	3622 TERAPIN LN, 1008
CITY - ST - ZIP	CORAL SPRINGS FL 33067
TITLE	<input type="checkbox"/> DELETE
NAME	D KOPSICK DONNA E.
STREET ADDRESS	5000 SAN JOSE BLVD.
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	<input type="checkbox"/> DELETE
NAME	D LOWRANCE, LISA A.
STREET ADDRESS	637 BRIAR HILLS
CITY - ST - ZIP	GARDEN CITY KA
TITLE	<input type="checkbox"/> DELETE
NAME	D BOGERT, KIM M
STREET ADDRESS	117 N BLVD
CITY - ST - ZIP	ST AUGUSTINE FL 32085
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	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
1.1 TITLE	
1.2 NAME	<i>No Changes</i>
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	837 OLD HICKORY RD
2.3 STREET ADDRESS	JACKSONVILLE, FL 32207
2.4 CITY - ST - ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	GARDEN CITY, KA 67846
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<i>No Changes</i>
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 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:

Donald P. Kopsick

DONALD P. Kopsick

4-10-98 954-755-6920

CR2E034 (10/97)