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

PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # P9400074933 (0)
1. Corporation Name

KING VACCINO, INC.

Principal Place of Business
1074-Pacal Strang De
1080 BOCA RATON FL 20194
354-28

Maring Address
107 H. ELLAN SPEEME DE
9983-BOCA RATON FL 39434
BOCA RATON FL 39434



BOCA RATON FL 20494		BOCA RATON FL 39494— 33424						
•	22/28	94	77-8		3. Date Incorporated or Qualified 10/12/1994	3a. Date of Las 04/07/1		
2. Principal Pla	ice of Business	2a. Mailing Address			4. FEI Number	`	Applied For	
21		26			65-0526502		Not Applicable	
Suite, Apt. i	ŧ, etc.	Suite. Apt. #, etc			5. Certificate of Status Desired		75 Additional se Required	
City & State		City & State			Election Campaign Financing Trust Fund Contribution		.00 May Be	
Zip	Country	Ζιρ	Country		8. This corporation has liability for			
24	25	29	30		Florida Statutes			
<u> </u>	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered Agent			
				81 Name				
AMERILAWYER 343 ALMERIA AVENUE			ļ	82 Street	Address (P.O. Box Number is Not Acceptable)			
	GABLES FL 33134		İ	83				
			-	84 City		F! 85	Zip Code	
or registen	o the provisions of Sections 607,0502 ad agent, or both, in the State of Florid h, and accept the obligations of, Section	a i Such change was authorized	, the abor Lb ₅ the G	ve named od orporation s	orporation submits this statement for the pur board of directors. I hereby accept the app	rvose of changing i	ts registered office red agent. I am	
SIGNATURE Signature Specific productions of the policy of the Control of the product April Specific production remodely): OATE OATE								
12.			13.					
THILE	P	☐ DELETE				☐ Chang	ge 🔲 Addition	
NAME	VACCINO, PETER K		1.2 NA					
STREET ADDRESS	9383 BOGA RIVER CIRCLE (C	THE BULLETIANS DE		REET ADDRESS			ٳٛٳ	
CITY-ST-ZIP TITLE	BOCA RATON FL 83434 3754	FZ8	14 CHY-SI-ZIP 2 1 TiT.f					
-		□ pritit				☐ Chang	ge 🔲 Addition 🏻 🤇	
NAME STREET ADDRESS			2 2 NA					
CITY-S1-ZIP				REET ADDRESS			İ	
TIFLE		DELETE	3 1 11	Y-S1-ZP L£		Chang	ge Addition	
NAME			3 2 N4				go Madition	
STREET ADDRESS			1	REET ADDRESS				
CITY-ST-ZIP				Y - ST - 7:P				
TITLE	* · · · · · · · · · · · · · · · · · · ·	DELETE	4 1 11			Chance	ge Addition	
NAME			4 2 NA	ME				
STREET ADDRESS				REET ADDRESS				
CITY - ST - ZIP				Y-\$1-ZIP i				
TITLE	☐ DELETE		5 1 10			☐ Chang	ge Addition	
NAME			5.2 NA	Mí				
STREET ADDRESS			53811	REEL ADDRESS				
CITY - ST - ZIP			5.4 C·I	Y S1-ZiP				
TITLE		DELETE	6.130			☐ Chang	ge Addition	
NAME			6.2 NA	ME.				
STREET ADDRESS			6351	REET ADDRESS				
CITY - ST - ZIP			6.4 CH	Y-ST-ZIF				
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

Davime Ptione #