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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997	The state of the s
	II DO 10000

DOCUMENT # P94000074933 (0) KING VACCINO, INC.

BOCK WEBMASTERS

MC 2-6

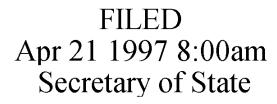
Principal Place of Business 1904 PALM SPRINGS DR BOCA RATON FL 33434 US

SIGNATURE:

Mailing Address

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10711 PALM SPRINGS DR **BOCA RATON FL 33428-4128**





3a. Date of Last Report

04/18/1996

3. Date Incorporated or Qualified

10/12/1994

2. Principal Place of Business 28		2a. Mailing Address	2a. Mailing Address		4. FEI Number	Applied For		
21		26	26		65-0526502	Not Applicable		
Suite, Apt. #, etc. Suite, /		Suite, Apt. #, etc	ite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Regulred		
City & State City & State 28				6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zip	Country	Zip	Count	у	8. This corporation has liability for intar	ngible tax under s. 199.032.		
24	25	29 30		Florida Statutes Yes No				
g, Name and Address of Current Registered Agent				10, Name and Address of New Registered Agent				
AMERILAWYER				1 Name PETER JACKING				
ALC ALBUMA AL PANAC			ls	82 Street Address (P.O. Box Number is Not Acceptable)				
CORAL GABLES FL 33134				10711 PALM SPRING PRIVE				
00102 01020			8	83				
1				4 City o		85 Zip Code		
.1			ا	4 City B ∞	A RATON	FL 85 Zip Code 37478		
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the ab			Statutes, the abo			see of changing its registered		
office or re	egistered agent, or both, in the l m familiar with rend accept the r	State of Florida. Such change: philoations of Section 607.050	was authorized i 15. Florida Statut	by the corporations.	on's board of directors. I hereby accept the	e appointment as registered		
(0/27.11	1/1	-, , , , , , , , , , , , , , , , , , ,					
SIGNATURE	Signature, typod or printed name of register	eldapildand to if applicable	(NOTE: Registered A	pent signature require	od when reinstating) D	ATE		
12.	OFFICER	S AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12		
TITLE	P	☐ DELETI	E 1.1 TITLE	Ī		Change Addition		
NAMÉ	VACCINO, PETER K		1.2 NAM	: }		i:		
STREET AODRESS			1.3 \$TRE	ET ADDRESS				
CITY-ST-ZIP	BOCA RATON FL 33434		14 CITY	ST-ZIP				
TITLE		☐ DELET	E 21 TITLE			Change Addition		
. NAME			2.2 NAM	: [
STREET ADDRESS			2 3 STRE	ET ADDRESS				
CITY-SI-ZIP			2. 4 City	- ST - ZIP		· ·		
TITLE		DELET				Change Addition		
NAME			32 NAM					
STREET ADDRESS			3.3 STAE	ET ADDRESS		\		
City-St-ZIP			3.4. CITY	- ST - 71P				
TITLE		DELET				Change Addition		
NAME			4. 2 NAM	ľ	O/V	\perp		
STREET ADDRESS				ET ADDRESS	4 NO 4	1201		
CITY+ST-ZIP			4.4 CITY		w 1/2	.		
TITLE		DELET				Change Addition		
NAME			5.2 NAM	Ĩ				
STREET ADDRESS				ET ADDRESS				
DITY-ST-ZIP			5.4 CiTY					
TITLE		DELET				Change Addition		
NAME			6.2 NAM	Į.	pananates			
STREET ADDRESS				ET ADDRESS		-019		
1 · · · · · · · · · · · · · · · · · · ·			6.4 CITY	1	200002150 -04/22/9701020- ***165.00	010		
14. I do heret	ov certify that the information su	polied with this filing does not	qualify for the e	emption stated	in Section 119.07(3)(i). Florida Statutes. Li	further certify that the		
14. I do 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.								