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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000077845 (3)

HI KING, INC.

Principal Place of Business 4524 GUN CLUB ROAD #102 Mailing Address

4524 GUN CLUB ROAD #102

FILED May 15 1997 8:00am Secretary of State



9, Name and Address of Current Registered Agent 10. Name and Address of New ReISMAIL, MOHAMMED S 81 Name	intangible Yes [\$8 F \$5 A tax ur	996 No .75 / ee Re 5.00 dded t	oplied For Applicable Additional equired May Be to Fees
2. Principal Place of Business 2. Mailing Address 2. Mailing Address 2. Mailing Address 2. Mailing Address 3. Mailing Address 4. FEI Number 65-0535228 5. Certificate of Status Desired 5. Certificate of Status Desired 6. Election Campaign Financing 7. Trust Fund Contribution 7. Zip 7. Country 7. Country 7. Country 7. This corporation has liability for information and Address of Current Registered Agent 7. Name and Address of New Resistance 1. Name and Address of New Resistance 1. Name 2. Na	intangible Yes Capilatered	\$5 A tax un	No .75 / ee Re 5.00 dded t	ot Applicable Additional equired May Be to Fees
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Zip Country Zip Country 8. This corporation has liability for 24 25 29 30 Florida Statutes Florida Statutes Signal ISMAIL, MOHAMMED S 81 Name	Yes [_ No		. 199.032,
9, Name and Address of Current Registered Agent 10. Name and Address of New ReISMAIL, MOHAMMED S 81 Name	egistered /			
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ISMAIL, MUTAMMED 5	ble)			
4504 GUN CLUB POAD #102	ble)			
4524 GUN CLUB ROAD ≠102 82 Street Address (P.O. Box Number is Not Acceptab				
WEST PALM BEACH FL 33415				
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 p 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE		ointme	ent as	registered
Slighature Type or priviled name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE OF DO AND	NIDE	OTO	9C IN 12
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICE 1.1 TITLE	CERS AND	CI		Addition
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For necess, certary that the minimation supplied with this ming does not quality 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.