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Apr 28 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000039639 (5)

1. Corporation Name

THE FOSTER-KINGSTON GROUP, INC.

Principal Place of Business

501 S FLAGLER DRIVE
SUITE 502
WEST PALM BEACH FL 33401

Mailing Address

501 S FLAGLER DRIVE
SUITE 502
WEST PALM BEACH FL 33401-5991



3. Date Incorporated or Qualified

05/03/1996

3a. Date of Last Report

N/A

2. Principal Place of Business

21 18557 SE Ferland Court

2a. Mailing Address

26 18557 SE Ferland Court

4. FEI Number

65-0694824

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

City & State

23 TRUSTA, FLORIDA

City & State

28 TRUSTA, FLORIDA

Zip

24 33469

Country

25 USA

Zip

29 33469

Country

30 USA

9. Name and Address of Current Registered Agent

WEBER, JAMES E
501 S FLAGLER DRIVE
SUITE 502
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

81 Name

ROBERT MCKEON

82 Street Address (P.O. Box Number is Not Acceptable)

18557 SE FERLAND COURT

83

84 City

TRUSTA

FL

85 Zip Code

33469

11. Pursuant to the provisions of Sections 607.0502 and 607.1504, Florida Statutes, the undersigned corporation certifies 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

3/4/97

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
D MCKEON, ROBERT F
STREET ADDRESS
ONE BLUE HILL PLAZA
CITY - ST - ZIP
PEARL RIVER NY 10965

TITLE ☐ DELETE

NAME
D WEI, MARK
STREET ADDRESS
ONE BLUE HILL PLAZA
CITY - ST - ZIP
PEARL RIVER NY 10965

TITLE ☐ DELETE

NAME
D MCKEON, PAUL K
STREET ADDRESS
ONE BLUE HILL PLAZA
CITY - ST - ZIP
PEARL RIVER NY 10965

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0296025

CR2E034 (9/96)