

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

FILED
Apr 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000045930 (0)**

1. Corporation Name
F.L. KING REALTY, INC.

Principal Place of Business
**1005 TAMARIND AVENUE
SUITE #1
WEST PALM BEACH FL 33401**

Mailing Address
**1548 6TH STREET
WEST PALM BEACH FL 33401
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/30/1996	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0668821	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**KING, JULIA A
1005 TAMARIND AVENUE
SUITE #1
WEST PALM BEACH FL 33401**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
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 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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	NAME	<input type="checkbox"/> DELETE	11 TITLE	12 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	PVTS KING, JULIA A 1005 TAMARIND AVE SUITE 1 WEST PALM BEACH FL		13 STREET ADDRESS		
CITY-ST-ZIP	D KING, JULIA A 1005 TAMARIND AVENUE SUITE 1 WEST PALM BEACH FL		14 CITY-ST-ZIP		
			21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
			22 NAME		
			23 STREET ADDRESS		
			24 CITY-ST-ZIP		
			31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
			32 NAME		
			33 STREET ADDRESS		
			34 CITY-ST-ZIP		
			41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
			42 NAME		
			43 STREET ADDRESS		
			44 CITY-ST-ZIP		
			51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
			52 NAME		
			53 STREET ADDRESS		
			54 CITY-ST-ZIP		
			61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
			62 NAME		
			63 STREET ADDRESS		
			64 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:

Julia A. King

4/15/98 (561-8324495)

CR2E034 (10/97)