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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business

NAME

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P96000061960 (6) DOCUMENT #
1. Corporation Name

KINGDOM VISION INCORPORATED

1236 \$ MCDUFF AVE 1236 S MCDUFF AVE SUITE 111 SUITE 111 DO NOT WRITE IN THIS SPACE JACKSONVILLE FL 32205 JACKSONVILLE FL 32205 3. Date Incorporated or Qualified 07/22/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3398067 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Zip Country Ζţρ Country 8. This corporation owes or has paid the current year Intangible 30 Personal Property Tax due June 30. 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name URENA, JOSE 1591 LANE AVENUE, #25\$ Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE FL 32210 83 84 Zio 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 little if applicable (NOTE: Registered Agent signature required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE Change Addition 1.1 TITLE TITLE **URENA, JOSE** 1.2 NAME NAME 1591 LANE AVENUE. #25S STREET ADDRESS 1.3 STREET ADDRESS JACKSONVILLE FL 32210 CITY-ST-ZIP 1.4 CITY-ST-ZIP Change Addition DELETE TD 2.1 TITLE TITLE PETTY, CYNTHIA 2.2 NAME NAME 1905 HARDEE STREET 2.3 STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32209 CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE WILLIAMS, JOHN 3.2 NAME 1256 TANGERINE DRIVE 3.3 STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32259 CITY-ST-ZIP 3.4. CITY - ST - ZIP Change Addition DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME **5.3 STREET ADDRESS** STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP Change Addition DELETE 6.1 TITLE TITLE

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. PARA - C. VIII-HTA DETTY -TREASURED

6.2 NAME

63 STREET ADDRESS

6.4 CITY-ST-ZIP

ulanias (904)384-8080

FILED

May 06 1998 8:00am

Secretary of State