## 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 # P96000071744 (2)

KNG	ROUP, INC.					
Principal Place of Business 2378 N.W. 60TH STREET BOCA RATON FL 33431		Mailing Address 2378 N.W. 60TH STREET BOCA RATON FL 33496-3606				
					3. Date Incorporated or Qualified 08/28/1996	3a. Date of Last Report
2. Principal	Place of Business	2a. Mailing Address			4, FEI Number	Applied For
21 26					65-070755	Not Applicable
Suite, Ap	t. #, etc	Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State City & State					6. Election Campaign Financing	\$5.00 May Be
23		28	Country		Trust Fund Contribution	Added to Fees
Zip 24	Country 25	Zip 30		4	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No	
24]	9. Name and Address of Curre		130		10, Name and Address of New R	
N/	ARBIN, EVAN R ESQ		81	Name		. T
48 EAST FLAGLER STREET			82	82 Street Address (P.O. Box Number is Not Acceptable)		ble)
1	INTHOUSE 104		100			
MIAMI FL 33131			83	1		
				84 City		FL 85 Zip Code
11. Pursuar	nt to the provisions of Sections 607.05	02 and 607.1508, Florida Statut	es, the abov	e-named cor	poration submits this statement for the	
SIGNATURE	Signature typed or purified name of registered a	gent and title if applicable (NOT	E: Registered Ag		poration submits this statement for the ation's board of directors. I hereby accentication when reinstating)	CATE
12.			13. 1.1 TITLE	<del></del> T	ADDITIONS/CHANGES TO OFF	Change Addition
NAME	J =	NAGPAL, UMESH				The standard The standard
STREET ADDRESS	AANA ALIAL AANIL ANDERT			T ADDRESS		
CITY - S1 - ZIP	BOCA RATON FL 33431			ST-ZIP		
TITEF	D			1		Change Addition
NAMÉ	SAWHNEW, AARTEE		2.2 NAME			
STREET ADDRESS	DOOL DATON EL DOIGE		2.3 STREE 2. 4 CITY	T ADDRESS		
TIPLE		DELETE	3.1 TITLE	<u> </u>		Change Addition
NAME			3.2 NAME			
STREET ADORESS	\$ .			T ADDRESS		
CHY-S1-ZIF				ST-ZIP		Change Addition
TITLE		□ htreit	4.1 TITLE 4.2 NAME			Fit countries Fit wrough)
STHEET ADDRESS	S			T ADDRESS		
CHTY - S1 - 76°			4.4 CITY-			
TITLE			5.1 TITLE			☐ Change ☐ Addition
NAME			5.2 NAME	- 1		
STREET ADDRESS	5			T ADDRESS		
CHY-S1-7IP TITLE			5.4 CITY- 6.1 TITLE	S1-ZIP		Change Addition
NAME		peren	6.2 NAME			
STREET ADDRESS	s			T ADDRESS		

64 CITY-ST-ZIP

14. To 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 ARTEE GOGIA

QCLQ43-7449

**FILED** 

Apr 28 1997 8:00am

Secretary of State