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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P96000094767**

1. Corporation Name

KING TECHNOLOGIES, INC.

FILED Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90187 048 ***150.00

, AMG IL	ornologico, ino				
Principal Place	e of Business	Mailing Address		i (antina ila ila ditta antina antina	
3831 JEFFERSO	ON STREET	3831 JEFFERSON STREET			
HOLLYWODD F	L 33021	HOLLYWODD FL 33021		DO NOT WRITE IN T	HIS SPACE
				Date Incorporated or Qualifed 11/19/1996	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0713901	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional
22		27			Fee Required
City & Stat	e "	City & State	mages was super and	6. Election Campaign Financing	\$5.00 May Be Added to Fees
23		Zip	Country	Trust Fund Contribution	
Zip	Country 25	29	30	This corporation owes the current year Personal Property Tax.	Yes No
24	9. Name and Address of Curre		30	10. Name and Address of New Register	
	3. Ivanie una Address di Cari	ATT TO BIOCOLOGO A SIGNA	81 Name	11 - V - G	
KINC	3, ROBIN J. とき名			Join 2 Ring &	sq
C /0-	YOAKLEY, VALDES FAULI & S'	TEWART, P.A.	82 Street Add	ress (P.O. Box Number is Not Acceptable)	- <i>T</i>)
500 -	E: BROWARD BOULEVARD, SC	JITE 1400	83	1)	
- 17	LAUDERDALE-FL 33994 -		<u> </u>	to Her wo var	
	-sust changin	ia address	84 City	146/14 wood 1	EL 85 Zip Code 2 202 1
44 0	to the manufactors of Continue 707 OF	CONNACTOR CONTRACTOR CONTRACTOR	es, the above-named corp	poration submits this statement for the purpose	e of changing its registered
Affino or r	egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such change was a	uithorized by the comorati	on's board of directors. I hereby accept the ap	pointment as registered
	m ramiliar with and accept the odilg	AM C L SA	Palain E	J. Kinc 1/	18 198
SIGNATURE	Signature, typed or printed name of legistered ag		Registered Agent signature require		10 1 . 0
12.	OFFICERS A	ND DINECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE	D	☐ DELETE	1.1 TITLE	•	☐ Change ☐ Addition
NAME	KINGS, WILLIAM B JR		1.2 NAME		
STREET ADDRESS	3831 JEFFERSON STREET		1.3 STREET ADDRESS		
CITY-ST-ZIP	HOLLYWODD FL 33021		1.4 CITY-ST-ZIP		
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		CT Channel T Addition
TITLE		☐ DELETE	3.1 TITLE	-	Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		☐ Change ☐ Addition
TITLE		☐ DELETE	4.1 TITLE		F1 August F1 Vagus
NAME			4. 2 NAME		•
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE			5.1 TITLE 5.2 NAME		
NAME			5.3 STREET ADDRESS	•	
STREET ADDRESS			5.4 CITY-ST-ZIP		
CITY-ST-ZIP TITLE		DELETE	6.1 TITLE		☐ Change ☐ Addition
}			6.2 NAME		- • -
NAME PTREET ADDRESS			6.3 STREET ADDRESS		
STREET ADDRESS CITY-ST-ZIP			6.4 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, with all other like empowered.

SIGNATURE

VILLAM B KAS PRINTED NAME & SIGNING OFFICER OR DIRECTOR

1 18 98 Date

254 610-6714 Daytime Phone #

CR2F034 (11/9