


\$300.00

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 # 997000004966 1. Corporation Name KING'S OCEANSHORE CAFE, INC.		

FILED
99 JUN 16 PM 4:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business KING'S OCEANSHORE CAFE, INC. 208 S. Oceanshore Blvd (A1A) P.O. Box 2298 Flagler Beach, FL 32138	Mailing Address
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 208 S. OCEANSHORE BL.		2a. Mailing Address 26 P.O. Box 2298		3. Date Incorporated or Qualified 1/16/97	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 59-3430447	
22 City & State 23 FLAGLER BEACH FL		27 City & State 28 FLAGLER BEACH FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24 32136		Country 25 FLORIDA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
29 32136		30 FLAGLER		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
81 Name CHERI P. KING		82 Street Address (P.O. Box Number is Not Acceptable) 1304 MANDAN LANE	
83 City ORMOND BEACH FL		84 Zip Code 32174	

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 *Cheri P. King* DATE **6/6/99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <input type="checkbox"/> DELETE NAME CHERI P. KING, PRESIDENT STREET ADDRESS 1304 MANDAN LN CITY-ST-ZIP ORMOND BEACH FL 32174		1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME VICE PRESIDENT STREET ADDRESS TRACI C. GURA CITY-ST-ZIP 1304 MANDAN LN. ORMOND BEACH, FL 32174		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 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 of an attachment with an address, with all other like empowered.

SIGNATURE: *Cheri P. King* **CHERI P. KING, PRESIDENT** DATE **6/6/99** (904) **439-0386**

CR2E034 (11/98)