## 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 # **P97000017979**1. Corporation Name

KING REAL ESTATE CORP.

Principal Place of Business Mailing Address								
800 W OAKLAND PK BLVD #203 3408 HEATHER TERR								
FT LAUDERDALE FL 33311 LAUDERHILL FL 33319						DO NOT WRITE IN THIS	SPACE	
US US						3. Date Incorporated or Qualifed		
						02/25/1997		ł
2. Principal P	2a. Mailing Address	iling Address			4. FEI Number	T A	pplied For	
21	idos di Busilloso	26			•	65-0731848	N	lot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.					\$8.75	Additional
22		27			-	5. Certificate of Status Desired	Fee R	Required
City & Stat	e	City & State				6. Election Campaign Financing	\$5.00	May Be
23		28				Trust Fund Contribution	•	I to Fees
Zip Country		Zip Country				8. This corporation owes the current year Int	angible	
24	25 29 30		30	I		Personal Property Tax.	☐ Yes	□No
	9. Name and Address of Curren	t Registered Agent	•			10. Name and Address of New Registered	Agent	
		<del></del> ;		81	Name			
AMERILAWYER CHARTERED				82	Street Addr	ress (P.O. Box Number is Not Acceptable)		
	AGELSON		ľ	~	Oliccinadi	boo (1:0. Box richito) is richitoophilis,		
	W OAKLAND PK BLVD #203		83					
FT L	AUDERDALE FL 33311		L.	-	0''		DE 7in	Code
			1	84	City	FL	85 Zip	Code
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statute	es, the ab	ove	-named corp	poration submits this statement for the purpose of	changing it	s registered
office or r	registered agent, or both, in the State im familiar with, and accept the obliga	of Florida. Such change was at	utnonzea	DV (	tne corporatio	on's board of directors. I hereby accept the appo	ntment as r	egistered
_	im lamiliai wim, and accept the obliga	aons of, Section our .0303, Flor	ida Otato					ļ
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE:	Registered A	gent	signature required	d when reinstating) DATE		
12.		ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AT	ID DIRECT	
TITLE	PD	☐ DELETE 1.1 TI					☐ Change	e ☐ Addition
NAME	FAGELSON, PHILIP W	1.2 N		Æ				
STREET ADDRESS			1.3 STR	EET	ADDRESS			
CITY-ST-ZIP	ALIMENIA E 20040		1.4 CIT	y.st	:-ZIP			
TITLE	STD	☐ DELETE					Change	Addition
NAME	FAGELSON, DIANE E		2.2 NA					
					ADDRESS			
STREET ADDRESS			2.4 CIT		. 1	المسيد والمناز الماسيد		- "
CITY-ST-ZIP			3.1 TITL		I-CIF		☐ Change	Addition
TITLE			3.2 NAM			•		
NAME					ADDRESS			
STREET ADDRESS								
CITY-ST-ZIP	<u> </u>	☐ DELETE	3,4. CIT 4,1 TITL		r-zip		Change	Addition
TITLE	,							
NAME			4. 2 NA					j
STREET ADDRESS	·				ADDRESS			
CITY+ST-ZIP	-			4.4 CITY-ST-ZIP			C1 Chonge	Addition
TITLE		•		5.1 TITLE			Change	, Dyddillon
NAME			5.2 NAM		LODDECC			
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP			5,4 CIT		-ZIP			
TITLE		☐ DELETE	6.1 TITL		}		☐ Change	e ☐ Addition
NAME :			6.2 NAM		İ			
CTDEET ADDRESS	1		6.3 STF	ŒET	ADDRESS			

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.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS



9545613666

Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90244 041 \*\*\*150.00