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PROFIT **CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P97000025667 (1) DOCUMENT #

KINGS PARTNERS, INC.

FILED Apr 23 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 3201 N FEDERAL HWY STE 300 3201 N FEDERAL HWY STE 300 FT LAUDERDALE FL 33306 FT LAUDERDALE FL 33306 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/17/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0734753 21 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 X Yes □ No 25 29 30 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent NORDAL, JONAS S 3201 N FEDERAL HWY STE 300 82 Street Address (P.O. Box Number is Not Acceptable) FT LAUDERDALE FL 33306 83 City 85 Zip 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 title if applicable (NOTI: Registered Agent signature required when reinstating) (10/97) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. PVSD DELETE Change Addition TITLE 1.1 TITLE NORDAL, JONAS S NAME 1.2 NAME **25E034** 3201 N FEDERAL HWY STE 300 STREET ADDRESS 1.3 STREET ADDRESS FT LAUDERDALE FL 33306 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change XX Addition TITLE 21 TITLE VSD NAME 2.2 NAME SAGER, MARK L STREET ADDRESS 2.3 STREET ADDRESS 3201 NORTH FEDERAL HIGHWAY #300 CITY-ST-ZIP 2.4 CITY-ST-7IP FORT LAUDERDALE FL 33306 Change DELETE 3.1 TITLE Addition TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change ■ Addition TITLE 4.1 10TLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP

14. Thereby 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 supplied state in the information indicated on this annual report or supplied state in the information indicated on this annual report or supplied state in the information indicated on this annual report of supplied state in the information indicated on this annual report of supplied state in the information indicated on this annual report of supplied state in the information indicated on this annual report of supplied state in the information indicated on this annual report of supplied state in the information indicated on this annual report of supplied state in the information indicated on this annual report of supplied state in the information indicated on this annual report of supplied state in the information indicated on this annual report of supplied state in the information indicated on this annual report of supplied state in the information indicated on this annual report of supplied state in the information indicated on this annual report of supplied state in the information indicated on this annual report of supplied state in the information indicated on this annual report of supplied state in the information indicated on th Block 12 or Block 13 if change

Pracidant 4-12-98

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