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

Mailing Address

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **P97000038279**1. Corporation Name

Principal Place of Business

KING OF CLUBS EAST, INC.

3246 NW 105TI SUNRISE FL 3		3246 NW 105TH AVENUE SUNRISE FL 33351					
SUMMOL IC SC	<b>2001</b>	OOMINGE TE GOOD!			DO NOT WRITE IN THIS S	PACE	
					3. Date Incorporated or Qualifed 04/29/1997		
Principal Place of Business     2a. Mailing Address					4. FEI Number	T Ap	plied For
1		26			65-0757284	No	ot Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.		····	_	\$8.75	Additional
22		27			5. Certifcate of Status Desired		equired
City & Stat	te	City & State			6. Election Campaign Financing	\$5.00	May Be
¬ ·	28				Trust Fund Contribution		to Fees
23   Zip	Country	Zip	Cou	intry	8. This corporation owes the current year Intar		
<b>—</b>	25	29	30	,		X Yes	□No
24	9. Name and Address of Curre		[30]	<del></del>	10. Name and Address of New Registered A		
<del></del>	9. Name and Address of Cure	ili Registereu Agent		81 Name	10. Hamo and Houses of the House	<u> </u>	
HOWARD, RICARDO							
3246 NW 105TH AVENUE				82 Street Add	ress (P.O. Box Number is Not Acceptable)		
SUNRISE FL 33351				-			
001	THOL I E 6000 I			83			
				84 City		85 Zip	Code
					FL poration submits this statement for the purpose of c	l. l	
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable (N ND DIRECTORS	OTE: Registered	Agent signature require	ed when reinstating)  DATE  ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO	DRS IN 12
12.	D OFFICERS AI	DELETE	1.1 T	n e	ADDITIONS/CHANGES TO OFFICERS AND	Change	Addition
TITLE	HOWARD, RICARDO		1.2 N				_
NAME	AAAA BREL AACTUL BUTSUUT				·		
STREET ADDRESS				REET ADDRESS	•		
CITY-ST-ZIP	SUNRISE FL 33351	[] DELETE		TY-ST-ZIP		[☐ Change	Addition
TITLE		☐ DELETE	2.1 T			C County	Addition
NAME	}		2.2 N	AME			
STREET ADDRESS	3		2.3 S	TREET ADDRESS	• • •		
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NAME			3.2 N	AME			
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CITY-ST-ZIP			3.4. C	ITY-ST-ZIP			
TITLE		☐ DELETE	4.1 T	TLE	, -	Change	☐ Addition
NAME	1		4. 2 1	IAME	* * * * * * * * * * * * * * * * * * * *		
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CITY-ST-ZIP			4.4 C	ITY-ST-ZIP			
TITLE		DELETE	5.1 T			Change	☐ Addition
NAME			5.2 N	AME			40.
STREET ADDRESS			5.3 S	TREET ADDRESS	2. 4. 8 7 1 12 25	1 7 7	
	1		5.4 C	ITY-ST-ZIP		. , , .	/ · · · · · · · · · · · · · · · · · · ·
CITY-ST-ZIP TITLE							☐ Addition
		☐ DELETE	6.1 T	TLE		Change	
MAME		☐ DELETE	6.1 T 6.2 N		; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;	Change	
NAME etheet anabees		☐ DELETE	6.2 N			Change	

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

Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90127 026 \*\*\*150.00