Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90187 046 ***150.00

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 # P97000079981

1. Corporation Name

KINGDO	M CONCEPTS, INC.								
Principal P ac	ce of Business	Mailing Address	· · · · · · · · · · · · · · · · · · ·						10101 1101 1001
2582 FRISCO DRIVE 2582 FRISCO DRIVE									
CLEARWATER FL 34621 CLEARWATER FL 34621									
						<u></u>	IRITE IN TH	· IS SPACE	
						3. Date Incorporated or Qualit	ed		
						09/15/1997			- <u> </u>
2. Principal F	Place of Business	2a. Mailing Address				4. FEI Ni mber		 	lied For
21 26 27 42 4 4 4 4 4						<u>59-3466713</u>			t Applicable
Suite, Apt. #, etc.						5. Certifcate of Status Desired	l 🗆	\$8.75 A Fee Red	
22 27 City & State City & State									
City & Sta	te	<u> </u>	— ,			 Election Campaign Financial Trust Fund Contribution 	^{lg} \square	\$5.00 i Added to	
23 Zip	Courtry		Zip Country			8. This corporation owes the o	urrant voor		. 1 003
	25		30			Persor al Property Tax.	unem year		(]No
24	9. Name and Address of Curr		30			10. Name and Address of Ne	w Register		
			81	Name					
	ler, betsy		82			(D O D N b	-4-64-\		
2582 FRISCO DRIVE				Street	Ac ares	ss (P.O. Box Number is Not Acc	:ptable)		
CLE	ARWATER FL 34621		83						
			84	City			F	85 Zip C	hide
11 Pursuant	to the provisions of Sections 607.0	502 and 607.1508. Florida Statutes	s, the above	e-named	corpor	ation submits this statement for	be purpose	of changing its	r∍gistered
office cr	registered agent, or both, in the Star am familiar with, and accept the obli-	e of Florida. Such change was aut	thorized by	the corp	oration	's board of cirectors. I hereby ac	cept the app	pointment as reg	jistered
SIGNATURE	Signature, typed or printed name of registered a	nent and title if engicable (NOT):	Registered Agen	t signature	regulared w	when reinstating)	DATE		
12.		AND DIRECTORS	13.			ADDITIONS/CHANGES TO	OFFICERS	AND DIRECTO	F\$ IN 12
TITLE	Р	. DELETE	1.1 TITLE		Г			Change	Addition
NAME	KELLER, BETSEY		1.2 NAME						
STREET ADDRESS	ACON EDITOR DELLE		1.3 STREET	TADDRESS	1				1
CITY-ST-ZIP	CLEARWATER FL 33761		1.4 CITY-S	T-ZIP					
TITLE		☐ DELETE	2.1 TITLE		$\vdash \vdash$			Change	Addition
NAME			2.2 NAME		1				1
STREET ADDRESS			2.3 STREET	ADDRESS	1				}
CITY-ST-ZIP			2. 4 CITY- 9	T-ZIP					
TITLE		☐ DELETE	3.1 TITLE		\vdash			Change	Addition
NAME			3.2 NAME						
STREET ADDRESS			3.3 STREET	ADDRESS	1				
CITY-ST-ZIP			3.4. CITY- S	T-ZIP					
TITLE		DELETE	4.1 TITLE				•	☐ Change	☐ Addition
NAME			4. 2 NAME						
STREET ADDRES S			4.3 STREET	FADDRESS	1				
CITY-ST-ZIP			4.4 CITY-S	T-ZiP					
TITLE		☐ DELETE	5.1 TITLE					☐ Change	☐ Addition
NAME			52 NAME						
STREET ADDRESS			5.3 STREET	ADDRESS	-				}
CITY-ST-ZIP			5.4 CITY-S	T-ZIP					
TITLE		☐ DELETE	6.1 TITLE		T			☐ Change	Addition
NAME			6.2 NAME						[
STREET ADDRESS			6.3 STREET	ADDRESS					

14. 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 13 or Block 13 if changed, or on an attachingnt with an address, with all other like empowered.

64 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATU RE AND TYPED OR RINTED NAME OF SIGNING OFFICER OR DIRECTOR 37445.