PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporat on Name

DOCUMENT # **S03182**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90006 020 ***150.00

KING DI	ENTAL CORPORATION							
Principal Plac	e of Business	Mailing Address				IBIAB IKAL BABIH D	1911 81811 8181	1 84811 81811 1881
7104 NW 72 A	VE.	7104 NW 72 AVE.						
SUITE 203	, -	SUITE 203			55 1107 1175	VITE (N. T.) (O	DD4OF	
MIAMI FL 3316	66	MIAMI FL 33166			DO NOT WE		SPACE	
US US					3. Date Incorporated or Qualifed	1		
	(5)	2- Mailing Address			09/13/1990 4. FEI Number			Applied For
2. Principal P	lace of Business CONGRESS AVE	2a. Mailing Address			65-0230409			Not Applicable
<u> </u>	1336 N CONGRESS AVE 26							Ac ditional
22	27				5. Certificate of Status Desired			Required
City & S ate		City & State		6. Election Campaign Financing		\$5.0	Nay Be	
	ALM BEACH	28		Trust Fund Contribution		•	to Fees	
^{Zip} 3340		- 	ountry		8. This corporation owes the cu	rrent year late	angible	
24	25 PB	29 30			Personal Property Tax.	<u> </u>	☐Yes	[]No
	9. Name and Address of Current	Registered Agent			10. Name and Address of New	Registere 1	Agent	
DE 114	200 14115		81	Name B	RIGGS, JAIME			
BFIIGGS, JAIME F. 9631 FONTAINEBLEAU BLVD.			82	i	dress (P.O. Box Number is Not Accept	table)		
				Arbor Oaks Lane 304	<u> </u>			
AFT. 606			83					
MIA	MI FL 33172		84	City			85 Zip	Code
				´ I	OCA RATON	<u> </u>	3.3	3428
office or a agent.	to the provisions of Sections 607.0502 registered agent, or both, in the State of am familiar with, and accept the obligati	/ Florida Such change was :ulthori	zed bv	the cornors	rporation submits this statement for the	ept the appoi	ntment as	registered
SIGNATURE	Signature, typed or printed na ne of registered agent	and title if applicable. (NOT): Registr	ered Ager	nt signature requ	red when rainstating)	DATE		
12.	OFFICERS AND		3.		ADDITIONS/CHANGES TO O	FFICERS AN		
TITLE	D	XI DELETE 1.	1 TITLE	1			Change	Addition
NAME.	BRIGGS, JAIME F.	: 1.	2 NAME					
STREET ADDRESS	1	1.	3 STREE	FADDRESS				
CITY-ST-ZIP	MIAMI FL		4 CITY-S	T-ZIP			C Channe	Addition
TITLE	VP	_	1 TITLE				Change	e 🔲 Addition
NAME	BRIGGS, CARLOS E		2 NAME		•			
STREET ADDRE 3S		2.	3 STREE	TADDRESS				ŀ
CITY-ST-ZIP	STUART FL 34997		4 CITY-5	ST-ZIP			☐ Change	e
TITLE	P		1 TITLE				Change	Addition
NAME	BRIGGS, JAMIE		2 NAME					
STREET ADDRESS	9709 ARBOR OAKS LN, #304			T ADDRESS [
CITY-ST-ZIP	BOCA RATON FL 33428	3.	4 CITY-S	ST-ZIP				Addition
TITLE			4 TOD C				Change	
NAME		☐ DELETE 4.	1 TITLE				Change	e
STREET ADDRESS		☐ DELETE 4	2 NAME	T 4BDD500			☐ Change	e [_] Aodition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		☐ DELETE 4 4 4 4 ☐ DELETE 5 5 5 ☐ DELETE 6	2 NAME 3 STREE 4 CITY-S 1 TITLE 2 NAME 3 STREE 4 CITY-S	T-ZIP			Change	e Addition
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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 changes, or on an attact ment with an address, with all other like empowered.

Daytime Phone #