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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # \$23959
1. Corporation Name
EIGHT KINGS, INC. - 6-6-

(7)

FILED Apr 18 1997 8:00am Secretary of State



Principal Place of Business 101 LAKEVIEW DR MORGANTOWN WY 26505-9284		Mailing Address 801 UNO LAGO DR JUNO BEACH FL 33406-2	680		
				3. Date Incorporated or Qualified 01/08/1991	3a. Date of Last Report 05/01/1996
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For
21		26		55-0704797	Not Applicable
Sulte, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22 City & State		City & State			Fee Required
23		28		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
Zip	Country	Zip	Country	8. This corporation has liability for i	
24	25	29	30	· '	Yes No
	9. Name and Address of Curre			10. Name and Address of New Re-	gistered Agent
801	PE, KIMBERLY D. UNO LAGO DR O BEACH FL 33408		82 Street A 83 Street A	ddress (P.O. Box Numbor is Not Acceptable Company of the Company o	FL 85 Zip Code
office or re agent. I ag SIGNATURE	to the provisions of Sections 617.050 agister of agent, both, in the State of familiar with, and a seen the oblig	o of Flori Ia. Such change was ations of, Section 607.0505, FI	tes, the above-named cauthorized by the corporida Statutes.	corporation submits this statement for the poration's board of directors. I heroby acceptionally when reinstating	urpose of changing its registered
12.		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	
TITLE	10	DELETE	1.1 TITLE		ERS AND DIRECTORS IN 12 Change
NAME	SOLOMON, J.C. II		1.2 NAME		
STREET ADDRESS	101 LAKEVIEW DR		1.3 STREET ADDRESS	801 UNTO MAG	D Drive
CITY-ST-ZIP	MORGANTOWN WV		1 4 CITY-\$1 - ZIP	801 UNO NAGO	= 1 33408
TITLE		DELETE	21 1 IILE	•	Change Addition
NAME			2.2 NAME		ļ
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-\$1-ZIP		T DE STE	2. 4 CITY - ST - ZIP		
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3 3 STREET ADDRESS		
CITY-ST-ZIP		DELE1E	3 4. CITY - ST - ZIP		Change Addition
TITLE			4.1 TITLE		change Audition
NAME STOCET ADDRESS			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	4.4 C(TY - S1 - ZIP 5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS		,	5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS	_		6.3 STREET ADDRESS		
CITY-ST-ZIP		\ \	6.4 CITY - \$1 - ZIP		
14. I do hereb	y certify that the information supplie	d with this filing does not quali	ly for the exemption sta	ated in Section 119.07(3)(i), Florida Statutes	s. I further certify that the
Information	n Indicated on this alloyal reporter:	sundiemental annual redort is t	rue and accurate and t	that my signature shall have the same legal port as required by Chapter 607, Florida St	l effect as if made under nath that l