

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # S28390 (0)  
1. Corporation Name  
KINGSTON PROPERTIES, INC.

Principal Place of Business <b>5401 KIRKMAN ROAD SUITE 525 ORLANDO FL 32819</b>		Mailing Address <b>5401 KIRKMAN ROAD SUITE 525 ORLANDO FL 32819</b>		3. Date Incorporated or Qualified <b>01/30/1991</b>		3a. Date of Last Report <b>03/31/1995</b>	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number <b>59-3048003</b>		Applied For Not Applicable	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
22. City & State		27. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
23. Zip		28. Zip		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
24. Country		29. Country		30.			
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>GUPTA, SURESH K. 5401 KIRKMAN RD. STE. 525 STE. 525 ORLANDO FL 32816</b>				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable)			
				83.			
				84. City			
				<b>FL</b> 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 607.0503, Florida Statutes.							
SIGNATURE:  <b>SURESH K. GUPTA</b> <span style="float: right;"><b>4/20/96</b></span> <small>Signature, typed or printed name of registered agent and the date.</small> <span style="float: right;"><small>DATE</small></span>							
12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	VD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>GUPTA, SURESH K.</b>			1.2 NAME			
STREET ADDRESS	<b>5401 KIRKMAN RD. STE. 525</b>			1.3 STREET ADDRESS			
CITY-ST-ZIP	<b>ORLANDO FL</b>			1.4 CITY-ST-ZIP			
TITLE	PD	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>DESHPANDE, ANIL</b>			2.2 NAME			
STREET ADDRESS	<b>5401 KIRKMAN RD. STE. 525</b>			2.3 STREET ADDRESS			
CITY-ST-ZIP	<b>ORLANDO FL</b>			2.4 CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>AGGARWAL, BRAHAM R.</b>			3.2 NAME			
STREET ADDRESS	<b>5401 KIRKMAN RD. STE. 525</b>			3.3 STREET ADDRESS			
CITY-ST-ZIP	<b>ORLANDO FL</b>			3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Date]

Daytime Phone #

CR2E034 (12/95)