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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S33022

(

CONE KING, INC.

(2)

Principal Place of Business

Mailing Address

FILED Apr 24 1997 8:00am Secretary of State



2831 N.E. 48TH STREET UGHTHOUSE POINT FL 33064-7117			2931 N.E. 48TH STREET LIGHTHOUSE POINT FL 33064-7117								
							3. Date Inc 02/26/	corporated or Qualified	3a. Date of 04/08/1		aporl
2. Principal Place of Business			2a. Maili	ng Address			4. FEI Nur	nber		Ар	plied For
21			26	26				258777		No	t Applicable
Suite, Apt.	#, etc.		Suite	, Apt #, etc.					□ \$1	8.75	Additional
22			27				b. Certifica	ate of Status Desired	. ليا	Fee Re	quired
City & State)		City	& State			6. Election	Campaign Financing	\$	\$5.00	May Be
23			28				l l	nd Contribution		Added t	
Zip		Country	Zφ		Cour	ilry	8. This cor	poration has liability for	intangible tax t	under s.	199.032,
24	25		29		30		Florida :		Yes No		
		Address of Curr	ent Registered	Agent			10. Name a	ind Address of New Re	gistered Ager	nt	
SULI	LIVAN, WILLIAN	1 F.				B1 Name					
2401	E ATLANTIC E	BOULEVARD			. 6	B2 Street	Address (P.O. Box	Number is Not Acceptab	ale)		
	E 410				l'	o.rock	7.001000 (1 .O. DOX	rumber to rtor Accoptac	,,,,,		
POM	PANO BEACH	FL 33062			1	83					
					-	01.			1	T = -	
						B4 City			FL 65	Zip (>000
11. Pursuant t	o the provisions o	of Sections 607.09 or both, in the Sta	502 and <mark>607.1</mark> 50 te of Florida, Su	08, Florida Sta ich change wa	tutes, the ab	ove-named by the corp	corporation submit poration's board of	s this statement for the p directors. I hereby accep		nging its nent as	registered registered
agent. I ar	n tamiliar with, ar	nd accept the obl	igations of, Sect	ion 607,0505,	Florida Statu	tes.					
SIGNATURE	Claratura turned as acir	tod posta of a polocy d		200	1016 - 0 - 116 - 1		and the second s				
	Signature, typed or prin	name of registered a				Agent signature	e required when reinstaling)		DATE PERS AND DIR	ECTOB	9 INI 12
12.			agent and title if applic ND DIRECTORS	3	13.			NS/CHANGES TO OFFIC	ERS AND DIR		
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4. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Fiorida 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 logal 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.

SIGNATURE

Sold Counation

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