

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

**FILED**  
**Jun 18 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



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

**DOCUMENT # F96000003471 (7)**  
 1. Corporation Name  
**KIDS 1, INC.**



Principal Place of Business: **10 G AUER COURT EAST BRUNSWICK NJ 08816**  
 Mailing Address: **10 G AUER COURT EAST BRUNSWICK NJ 08816**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt #, etc

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt #, etc

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified  
**06/28/1996**

4. FEI Number **22-3296224** Applied For Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent  
**WINIKUR, DAVID W**  
**% BROWARD EDUCATIONAL CENTER, INC.**  
**4650 SW 61ST AVENUE**  
**DAVIE FL 33314**

10. Name and Address of New Registered Agent

81 Name **High Road Academy**

82 Street Address (P.O. Box Number is Not Acceptable) **4650 SW 61st Avenue**

83 **Davie**

84 City **FL** 85 Zip Code **33314**

11. Pursuant to the provisions of Sections 607.054 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 607.0505, Florida Statutes.

SIGNATURE: *Ellyn Lerner*  
 (Signature of Registered Agent or someone authorized by the corporation)

12. OFFICERS AND DIRECTORS

TITLE	<b>PO</b>	<input type="checkbox"/> DELETE
NAME	<b>LERNER, ELLYN</b>	
STREET ADDRESS	<b>10 G AUER COURT</b>	
CITY-ST-ZIP	<b>EAST BRUNSWICK NJ 08816</b>	
TITLE	<b>VC</b>	<input type="checkbox"/> DELETE
NAME	<b>WINIKUR, DAVID W</b>	
STREET ADDRESS	<b>10 G AUER COURT</b>	
CITY-ST-ZIP	<b>EAST BRUNSWICK NJ 08816</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 its 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. If on an attachment with an address.

SIGNATURE: *Ellyn Lerner* 5/20/98 (332) 390-0303

CR2E034 (10/97)