SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25.)

NONPROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # N36236 (0)

1. Corporation Name
KIDS IN DISTRESS AUXILIARY, INC.

Principal Place of Business	Mailing Address
819 NE 26TH ST 2ND FLOOR WILTON MANORS FL 33305 US	819 NE 26 STREET 2ND FLOOR WILTON MANORS FL 33334

3. Date Incorporated or Qualified: 01/18/1990
3a. Date of Last Report: 06/08/1995
4. FEI Number: 65-0175802 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

DRISCOLL, MARION
1157 SW 4TH AVE
POMPANO EBAHC FL 33306

10. Name and Address of New Registered Agent

81 Name: CHERYL LONG
82 Street Address (P.O. Box Number is Not Acceptable): 1711 BAYVIEW DRIVE
83
84 City: FORT LAUDERDALE FL 85 Zip Code: 33305

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: Cheryl Long CHERYL LONG DATE: 7/11/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	DRISCOLL, MARION		1.2 NAME	CHERYL LONG	
STREET ADDRESS	2124 CORAL SHORES DRIVE		1.3 STREET ADDRESS	1711 BAYVIEW DRIVE	
CITY-ST-ZIP	FORT LAUDERDALE FL		1.4 CITY-ST-ZIP	FORT LAUDERDALE FL 33305	
TITLE	VD	☒ DELETE	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	MARKER, NICOLE		2.2 NAME	KANDY SAXON	
STREET ADDRESS	1171 BAYVIEW DRIVE		2.3 STREET ADDRESS	3741 NORTHEAST 34TH DRIVE	
CITY-ST-ZIP	FORT LAUDERDALE FL		2.4 CITY-ST-ZIP	FORT LAUDERDALE FL 33308	
TITLE	SVD	☒ DELETE	3.1 TITLE	VD	☒ Change ☐ Addition
NAME	DRISCOLL, MARION		3.2 NAME	NICOLE MARKER	
STREET ADDRESS	1157 SW 4TH AVE		3.3 STREET ADDRESS	3157 NW 67 Court	
CITY-ST-ZIP	POMPANO BEACH FL		3.4 CITY-ST-ZIP	Ft. Laud., FL 33309	
TITLE	SD	☒ DELETE	4.1 TITLE	SD	☒ Change ☐ Addition
NAME	LANGSETT, KATHLEEN		4.2 NAME	BILLIE SUE ENGLE	
STREET ADDRESS	2724 NE 35TH DRIVE		4.3 STREET ADDRESS	77 SOUTH BIRCH ROAD #1	
CITY-ST-ZIP	FORT LAUDERDALE FL		4.4 CITY-ST-ZIP	FT. LAUD. FL. 33316	
TITLE	SD	☒ DELETE	5.1 TITLE	SD	☒ Change ☐ Addition
NAME	JANARO, SUSAN		5.2 NAME	WENDY BOSHOUR	
STREET ADDRESS	7411 WEST UPPER RIDGE DR		5.3 STREET ADDRESS	729 ISLE OF PALMS DRIVE	
CITY-ST-ZIP	PARKLAND FL		5.4 CITY-ST-ZIP	FORT LAUD, FL 33301	
TITLE	TD	☒ DELETE	6.1 TITLE	TD	☒ Change ☐ Addition
NAME	THOMAS, MERRILL 3		6.2 NAME	MERRILL THOMAS	
STREET ADDRESS	5560 NE 31ST AVE		6.3 STREET ADDRESS	2404 NE 9 Street	
CITY-ST-ZIP	FORT LAUDERDALE FL		6.4 CITY-ST-ZIP	FORT LAUDERDALE, FL. 33304	

CR2E037 (3/96)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Cheryl Long (CHERYL LONG) 7/11/96 (954)563 2538
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #