## FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

N36236

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KIDS IN DISTRESS ALIVILIARY INC

FILED
Mar 19 1998 8:00am
Secretary of State

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Principal Place	e of Business	M	ailing Address				3 16014tas 800 titin altia 41800 ti		II WJUFI WIWII WI	an afab taar
819 NE 26TH S 2ND FLOOR WILTON MANOI US		2N(	819 NE 26 STREET 2ND FLOOR WILTON MANORS FL 33334				3. Date Incorporated or Qualifie 01/18/1990 4. FEI Number	d	<del></del>	plied For
9 Dringland D	lace of Business	1 30	Malling Address				65-0175802			eldabileqA k
21	ISCS OF BUSINESS	26	Mailing Address				5. Certificate of Status Desired			Additional equired
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				6. Election Campaign Financing		\$5.00	
22		27					Trust Fund Contribution		Added to	
City & State	6		City & State				7. Is this nonprofit corporation a			n?
Zip	Country	28	Zip	1 60	untry				No	
24	25	29	Σip	30	Jr no y		This corporation owes or has     Personal Property Tax due Ju			gngible 1 No
27]	9. Name and Address of		tered Agent	1001	1		10. Name and Address of New			4.10
					81	Name				
LONG, C					82	Street A	ddress (P.O. Box Number is Not Accep	table)		
	YVIEW DRIVE AUDERDALE FL 33305				83			····	·	
101110	TODEHDALL I'L GOOGS				84	City			les l'Zio	Code
					1 1			FL		
11. Pursuant	to the provisions of Sections 6	17.0502 and 6	17.1508, Florida Statu	ites, the s	bove	-named c	orporation submits this statement for the oration's board of directors. I hereby ac	e purpose of	changing it	s registered
agent. I a			f, Section 617.0503, F	lorida Sta	tutes.		Station a board of directors. Thereby do	oopi iio upp	On the form the	rogiotorou
SIGNATURE .		ong	40.0				equired when reinstating)	DATE		
	Signature, typed or printer name of regis									
12.	OFFICE				d Agen	nt signature re			DIRECTOR	S IN 12
12. TITLE		RS AND DIREC		13.		nt signature re	ADDITIONS/CHANGES TO OF		DIRECTOR  Change	RS IN 12
	PD		CTORS	13. 1.11		t signature r	ADDITIONS/CHANGES TO OF			
TITLE			CTORS	13. 1.1.1 1.2.1	ITLE IAME	Doress	ADDITIONS/CHANGES TO OF			
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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 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.