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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N36236

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

2. Principal Place of Business (21) — Suite, Apt. #, etc. (22) — City & State (23) — Zip (24) — Country (25)

2a. Mailing Address (26) — Suite, Apt. #, etc. (27) — City & State (28) — Zip (29) — Country (30)

3. Date Incorporated or Qualified: 01/18/1990

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

9. Name and Address of Current Registered Agent

LONG, CHERYL
1711 BAYVIEW DRIVE
FORT LAUDERDALE FL 33305

10. Name and Address of New Registered Agent

81 Name: Jamie Mayersohn

82 Street Address (P.O. Box Number is Not Acceptable): 1314 Camellia Lane

83 Weston

84 City: Weston FL 85 Zip Code: 33326

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: Jamie B. Mayersohn DATE: 5/4/99
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD LONG, CHERYL 1711 BAYVIEW DRIVE FT LAUDERDALE FL m	☐ DELETE XX	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PD Jamie Mayersohn 1314 Camellia Lane Weston Fl 33326	☐ Change ☐ Addition CC
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD MAVERSON, JAMIE 1314 CAMELLIA LANE FORT LAUDERDALE FL 33326	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	XX VD Mary Giuseffi 1963 SW 16th Street Boca Raton Fl 33486	☐ Change X Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T DRISCOLL, MARION 1157 SW 4TH AVE POMPANO BEACH FL 33060	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S WITTE, BARBARA 1706 EAGLE TRACE BLVD W. CORAL SPRINGS FL 33071	☒ DELETE X	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	S Sharon Esler 4287 Diamond Terrace Weston, Fl 33331	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: Jamie B. Mayersohn 4/15/99 954-384-4827
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #