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NONPROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # N93000000289

1. Corporation Name
100 DEPUTIES, 100 KIDS, INC.

Principal Place of Business
 59 KEYTON DR
 DAYTONA BEACH FL 32124
 US

Mailing Address
 59 KEYTON DR
 DAYTONA BEACH FL 32124
 US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 1001 Old Tomoka Rd		26 1001 Old Tomoka Rd		01/14/1993	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		-59-3162330	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23 Ormond Beach, FL		28 Ormond Beach, FL		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Trust Fund Contribution	
24 32174		29 32174		Country	
Country		Country			
25 US		30 US			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
DAVIS, LEONARD A -59 KEYTON DR- DAYTONA BEACH FL 32124				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				1001 Old Tomoka Rd			
				83			
				84 City Ormond Beach FL			
				85 Zip Code 32174			

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 _____ DATE _____
 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	P/D <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, LEONARD A	1.2 NAME	
STREET ADDRESS	59 KEYTON DR	1.3 STREET ADDRESS	1001 OLD TOMOKA RD
CITY-ST-ZIP	DAYTONA BEACH FL 32124	1.4 CITY-ST-ZIP	ORMOND BEACH, FL 32174
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, KATHY	2.2 NAME	
STREET ADDRESS	59 KEYTON DR	2.3 STREET ADDRESS	1001 OLD TOMOKA RD
CITY-ST-ZIP	DAYTONA BEACH FL 32124	2.4 CITY-ST-ZIP	ORMOND BEACH, FL 32174
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOSCO, ROBERT	3.2 NAME	
STREET ADDRESS	59 KEYTON DR	3.3 STREET ADDRESS	1001 OLD TOMOKA RD
CITY-ST-ZIP	DAYTONA BEACH FL 32124	3.4 CITY-ST-ZIP	ORMOND BEACH, FL 32174
TITLE	MDA <input type="checkbox"/> DELETE	4.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LINDA NASSER	4.2 NAME	LINDA NASSER
STREET ADDRESS		4.3 STREET ADDRESS	1001 OLD TOMOKA RD
CITY-ST-ZIP		4.4 CITY-ST-ZIP	ORMOND BEACH, FL 32174
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 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: Katherine Harris DATE: 03/26/99 DAYTIME PHONE: 904-2481773
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037-11/1/98