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Jun 16 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N96000003802 (3)  
1. Corporation Name  
KISS'S KIDS, INC.



Principal Place of Business Mailing Address  
504 REO STREET 11450 GANDY BLVD  
TAMPA FL 33609 ST. PETERSBURG, FL 33702  
504 REO STREET 11450 GANDY BLVD.  
TAMPA FL 33609-1610 ST. PETERSBURG, FL 33702

3. Date Incorporated or Qualified 07/18/1996  
3a. Date of Last Report

2. Principal Place of Business 2a. Mailing Address  
21 11450 GANDY BLVD 26 11450 GANDY BLVD.  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 27  
City & State City & State  
23 ST. PETERSBURG FL 28 ST. PETERSBURG, FL  
Zip Country Zip Country  
24 33702 25 Pinellas 29 33702 30 PINELLAS

4. FEI Number 59-3394180 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

9. Name and Address of Current Registered Agent  
BARNHILL, LINDA  
504 REO STREET  
TAMPA FL 33609

10. Name and Address of New Registered Agent  
81 Name DAN REYNOLDS  
82 Street Address (P.O. Box Number is Not Acceptable) 11450 GANDY BLVD.  
83  
84 City ST. PETERSBURG FL 85 Zip Code 33702

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 *[Signature]* SECRETARY/Treasurer DAN REYNOLDS 4/30/97  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	KAYE, MARC S	
STREET ADDRESS	504 REO STREET	
CITY-ST-ZIP	TAMPA FL 33609	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	MCCLATCHY, DONNA	
STREET ADDRESS	504 REO STREET	
CITY-ST-ZIP	TAMPA FL 33609	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	BARNHILL, LINDA	
STREET ADDRESS	504 REO STREET	
CITY-ST-ZIP	TAMPA FL 33609	
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	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	STEVIE MAULDEN D	
1.3 STREET ADDRESS	11450 GANDY BLVD	
1.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33702	
2.1 TITLE	VICE-PRESIDENT D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	BARBARA SOBOCINSKI	
2.3 STREET ADDRESS	11450 GANDY BLVD.	
2.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33702	
3.1 TITLE	STD D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	DAN REYNOLDS	
3.3 STREET ADDRESS	11450 GANDY BLVD.	
3.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33702	
4.1 TITLE	DIRECTOR D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	JULIE WILLIAMSON	
4.3 STREET ADDRESS	11450 GANDY BLVD.	
4.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33702	
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 do 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.

SIGNATURE *[Signature]*

CR2E037 (9/96)