

FILED
Apr 01, 1999 8:00 am
Secretary of State

04-01-1999 90021 016 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # N98000000764

1. Corporation Name
KIDS 2000 & BEYOND, INC.

Principal Place of Business 225 COLONADE CIRCLE NAPLES FL 34103	Mailing Address 225 COLONADE CIRCLE NAPLES FL 34103
---	---



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country	3. Date Incorporated or Qualified 02/10/1998	4. FEI Number 59-3494078	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		-\$8.75 Additional Fee Required		
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		+\$5.00 May Be Added to Fees		

9. Name and Address of Current Registered Agent SAIER, FRANK P 3426-B NW 43RD ST. GAINESVILLE FL 32606	10. Name and Address of New Registered Agent 81 Name ALLISON MILLER 82 Street Address (P.O. Box Number is Not Acceptable) 225 COLONADE CIRCLE 83 84 City NAPLES FL 85 Zip Code 34103
--	---

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 *Allison Miller* **President Kids 2000 & Beyond, Inc. 3/18/99**
Signature typed or printed below registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PRESIDENT - SECRETARY	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ALLISON MILLER	(D)	1.2 NAME	
STREET ADDRESS 225 COLONADE CIRCLE		1.3 STREET ADDRESS	
CITY-ST-ZIP NAPLES, FL. 34103		1.4 CITY-ST-ZIP	
TITLE VICE PRESIDENT	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PATRICIA QUARANTA	(D)	2.2 NAME	
STREET ADDRESS 5802 GLENCOVE DRIVE #305		2.3 STREET ADDRESS	
CITY-ST-ZIP NAPLE, FL. 34108		2.4 CITY-ST-ZIP	
TITLE TREASURER	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DILLON D. FRETWELL	(D)	3.2 NAME	
STREET ADDRESS 1525 MAPLE DRIVE		3.3 STREET ADDRESS	
CITY-ST-ZIP FORT MYERS, FL. 33907		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
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: *Allison Miller* **ALLISON MILLER, PRESIDENT** 3/18/99 (941) 939-3768
Signature typed or printed below registered agent and title if applicable. Date Daytime Phone #

CR2E037 (1/98)