

04071999-90046-036-\$61.25-\$61.25 \* 09091999-90004-024-\$61.25-\$61.25 \*

AMOUNT DUE ON OR BEFORE 12/31/99: \$0.00 UNPAID, MINIMUM AMOUNT DUE TO REINSTATE: \$600.00

**NONPROFIT CORPORATION ANNUAL REPORT 1999**



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

**FILED**

99 OCT 14 PM 2:45

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

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**DOCUMENT # N98000007151**

Corporation Name  
**PEARL'S FOR KIDS, INC.**

Principal Place of Business  
 50133 CORTEZ BOULEVARD  
 BROOKSVILLE FL 34801

Mailing Address  
 20133 CORTEZ BOULEVARD  
 BROOKSVILLE FL 34801



Principal Place of Business		2a. Mailing Address	3. Date Incorporated or Qualified 12/18/1998
Suite, Apt. #, etc.		2b. Mailing Address	4. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
City & State		2c. City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip	Country	2d. Zip	Country
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
JONES, JAMES R JR. 7141 MARINER BLVD. SPRING HILL FL 34609		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	FL 85 Zip Code

I, 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		NOTE: Registered Agent signature required when reinstating		DATE	
OFFICERS AND DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
LE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
ME		1.2 NAME			
REET ADDRESS		1.3 STREET ADDRESS			
Y-ST-ZIP		1.4 CITY-ST-ZIP			
LE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
ME		2.2 NAME			
REET ADDRESS		2.3 STREET ADDRESS			
Y-ST-ZIP		2.4 CITY-ST-ZIP			
LE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
ME		3.2 NAME			
REET ADDRESS		3.3 STREET ADDRESS			
Y-ST-ZIP		3.4 CITY-ST-ZIP			
LE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
ME		4.2 NAME			
REET ADDRESS		4.3 STREET ADDRESS			
Y-ST-ZIP		4.4 CITY-ST-ZIP			
LE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
ME		5.2 NAME			
REET ADDRESS		5.3 STREET ADDRESS			
Y-ST-ZIP		5.4 CITY-ST-ZIP			
LE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
ME		6.2 NAME			
REET ADDRESS		6.3 STREET ADDRESS			
Y-ST-ZIP		6.4 CITY-ST-ZIP			

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 register 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, as an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED

Date: 352-799-5764

CR2E037 (5/99)