

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Norrman,
Secretary of State
Division of CORPORATIONS

APPROVED
AND
FILED

01 MAY - 1 AM 8:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000044188 (9)**

1. Corporation Name
COUPONS FOR KIDS, INC.

Previous Name of Registrant:
**11715 82ND TERRACE, NORTH
SEMINOLE FL 34642**

Mailing Address:
**11715 82ND TERRACE, NORTH
SEMINOLE FL 34642**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Created: **06/18/1993**
3a. Date of Last Report: **08/11/1994**

4. FEI Number: **59-3233732**
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

2. Principal Place of Business:
21. State: **FL**
22. City & State:
23. City: **SEMINOLE, FLORIDA**

2a. Mailing Address:
26. P.O. Box Number: **P.O. 3736**
27. City & State:
28. **SEMINOLE, FLORIDA**

24. Zip: **34642**
25. Country: **UNITED STATES**
29. Zip: **34642**
30. Country: **FLORIDA**

9. Name and Address of Current Registered Agent:
**LEVEROOS, JOHN P
11715 82ND TERRACE, NORTH
SEMINOLE FL 34642**

10. Name and Address of New Registered Agent:
B1. Name:
B2. Street Address (P.O. Box Number is Not Acceptable):
B3. City:
B4. City: **FL**
B5. Zip Code:

11. Pursuant to the provisions of Sections 607.0562 and 607.1508 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 607.0525 Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS

OFFICER	X	NAME: LEVEROOS, JOHN P STREET ADDRESS: 11715 82ND TERRACE, NORTH SEMINOLE FL 34642
OFFICER	V	NAME: GORDON, JOYCE STREET ADDRESS: 4354 SILVERLEAF DRIVE VIRGINIA BEACH VA
OFFICER	T	NAME: LEVEROOS, LAURA G. STREET ADDRESS: 11715 82ND TERRACE NORTH SEMINOLE FL
OFFICER	S	NAME: LEVEROOS, PATTY STREET ADDRESS: 12581 HENRIETTA ROAD LARGO FL
OFFICER		NAME: _____ STREET ADDRESS: _____
OFFICER		NAME: _____ STREET ADDRESS: _____

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN '94

1. TITLE:	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME:		
3. STREET ADDRESS:		
4. CITY & STATE:		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. TITLE:		
6. NAME:		
7. STREET ADDRESS:		
8. CITY & STATE:		<input type="checkbox"/> Change <input type="checkbox"/> Addition
9. TITLE:		
10. NAME:		
11. STREET ADDRESS:		
12. CITY & STATE:		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13. TITLE:		
14. NAME:		
15. STREET ADDRESS:		
16. CITY & STATE:		<input type="checkbox"/> Change <input type="checkbox"/> Addition
17. TITLE:		
18. NAME:		
19. STREET ADDRESS:		
20. CITY & STATE:		<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information required with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 607.056(4) Florida Statutes. I further certify that the information included 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 available to answer for the corporation or the receiver or trustee empowered to use this report as required by Chapter 407 Florida Statutes, and that my name appears in Block 1, of Block 13 of this report as an officer or director.

SIGNATURE: *John P. Leveros*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APR 29, 95 1811 393-7288