## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P94000088698 (3)

## **FILED** May 01 1998 8:00am Secretary of State

123 KIDS, INCORPORATED Principal Place of Business Mailing Address 10003 133RD ST. N. 10003 133RD ST. N. **SEMINOLE FL 34648-1545** SEMINOLE FL 34646-1545 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 12/06/1994 2. Principal Place of Business 2a. Mailing Address 4 FEL Number Applied For 59-3281280 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Zip Country Zio Country 8. This corporation owes or has paid the current year Intangible 29 24 Personal Property Tax due June 30. Yes g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name CALEB, ROBERTA G 10003 133RD ST. N. Street Address (P.O. Box Number is Not Acceptable) **SEMINOLE FL 34848-1545** 83 84 City 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agont, 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 607.0505, Florida Statutes. SIGNATURE Signature: typed or printed name of registered agent and trie if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIFFECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE TITLE Change Addition NAME CALEB, ROBERTA G 1.2 NAME CR2E034 STREET ADDRESS 10003 133RD ST. N. 1.3 STREET ADDRESS **SEMINOLE FL 34646-1545** CITY - ST - ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE CALEB, ROBERTA G NAME 2.2 NAME 10003 133RD ST. N. STREET ADDRESS 2.3 STREET ADDRESS SEMINOLE FL 34646-1545 CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 31 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition 5.1 TITLE NAME 52 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

on 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 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 on or the receive or used empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in 14. I hereby certify that the informaty indicated on this annual report of officer or director Block 12 or Block

**SIGNATUR** 

ROBENTAG. CALETS

4/23/84 813-596-0964