

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

FILED  
Jun 12 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P95000080991 (9)

1. Corporation Name  
KIDDIE KORRAL ON THE PARKWAY, INC.

Principal Place of Business  
6180 GOLDEN GATE PARKWAY  
NAPLES FL 33999

Mailing Address  
6180 GOLDEN GATE PARKWAY  
NAPLES FL 34116-7453

|                                                                                                                                                                   |                                       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| 3. Date Incorporated or Qualified<br>10/23/1995                                                                                                                   | 3a. Date of Last Report<br>11/12/1996 |
| 4. FEI Number<br>APPLIED FOR 65-0623338                                                                                                                           | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired<br><input type="checkbox"/>                                                                                                      | \$8.75 Additional<br>Fee Required     |
| 6. Election Campaign Financing<br>Trust Fund Contribution<br><input type="checkbox"/>                                                                             | \$5.00 May Be<br>Added to Fees        |
| 8. This corporation has liability for intangible tax under s. 199.032,<br>Florida Statutes<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                                       |

|                                                                                                                                                                  |                                                                                                                                                                                             |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 2. Principal Place of Business<br>21 6180 Golden Gate Pkwy.<br>Suite, Apt. #, etc.<br>22 NAPLES Florida<br>City & State<br>23 NAPLES, Florida<br>Zip<br>24 33999 | 2a. Mailing Address<br>26 6180 Golden Gate Pkwy.<br>Suite, Apt. #, etc.<br>27 NAPLES Florida<br>City & State<br>28 NAPLES Florida<br>Zip<br>29 33999<br>Country<br>25 Collier<br>30 Collier |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

9. Name and Address of Current Registered Agent

WILSON, ESQ., GEORGE A  
C/O CHEFFY PASSIDOMO WILSON & JOHNSON  
821 FIFTH AVENUE SOUTH, SUITE 201  
NAPLES FL 34102

10. Name and Address of New Registered Agent

|                                                       |
|-------------------------------------------------------|
| 81 Name                                               |
| 82 Street Address (P.O. Box Number is Not Acceptable) |
| 83                                                    |
| 84 City                                               |
| FL 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 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 607.0505, Florida Statutes.

SIGNATURE Rebecca Wallace

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/29/97

| 12. OFFICERS AND DIRECTORS |                          | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                   |
|----------------------------|--------------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE                      | D                        | 1.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | WALLACE, REBECCA         | 1.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 6180 GOLDEN GATE PARKWAY | 1.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                | NAPLES FL 33999          | 1.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      |                          | 2.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                          | 2.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                          | 2.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                |                          | 2.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      |                          | 3.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                          | 3.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                          | 3.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                |                          | 3.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      |                          | 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                      |                          | 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                      |                          | 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Rebecca Wallace

4/29/97 94-261-295

CR2E034 (9/96)