

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

**FILED**  
**May 13, 1999 8:00 am**  
**Secretary of State**

05-13-1999 90047 032 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT #** P99000072431 ✓  
 1. Corporation Name  
 KINDERLAND PLACE, INC.

Principal Place of Business 12330 WESTLINKS DR. FORT MYERS, FL 33913	Mailing Address 12330 WESTLINKS DR. FORT MYERS, FL 33913
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 12330 WESTLINKS DR.		2a. Mailing Address 26 12330 WESTLINKS DR.		3. Date Incorporated or Qualified 8/17/98	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 65-0867979	
City & State 23 FORT MYERS, FL		City & State 28 FORT MYERS, FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip Country 24 33913 25 U.S.		Zip Country 29 33913 30 U.S.		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
				81 Name HEIDE BAKER			
				82 Street Address (P.O. Box Number is Not Acceptable) 888 EXECUTIVE CENTER DRIVE			
				83 SUITE 101			
				84 City ST. PETERSBURG		85 Zip Code FL 33702	

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 Heide Baker HEIDE BAKER 4/30/99  
 Signature, typed or printed name of 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 <input type="checkbox"/> DELETE		1.1 TITLE ADMINISTRATOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME		1.2 NAME JEAN V. CARTER	
STREET ADDRESS		1.3 STREET ADDRESS 415 GREENWOOD AVENUE	
CITY - ST - ZIP		1.4 CITY - ST - ZIP LEHIGH ACRES FL 33936	
TITLE <input type="checkbox"/> DELETE		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 <input type="checkbox"/> DELETE		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 <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)(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 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, with all other like empowered.

SIGNATURE: Jean V Carter JEAN V. CARTER 4/30/99 941-369-5538  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)