

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

**APPROVED  
AND  
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**96 MAY -1 AM 11:02**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1996**



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

**DOCUMENT # P95000045284**  
1. Corporation Name  
**KALENDAR Kids Inc.**

**300001877363  
-06/27/96--01007--007  
\*\*\*\*200.00 \*\*\*\*200.00**

Principal Place of Business Mailing Address  
**1402 KEENE LAKE CT. R.O. Box 270967  
LUTZ, FLA. 33549 TAMPA, FL.  
33688-0967**

2. Principal Place of Business 21 <b>1402 KEENE LAKE CT.</b>		2a. Mailing Address 26 <b>R.O. Box 270967</b>		3. Date Incorporated or Qualified <b>6/6/95</b>		3a. Date of Last Report <b>1st report</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
City & State 22 <b>LUTZ FL</b>		City & State 27 <b>LUTZ, FLA.</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Zip 23 <b>33549</b>	Country 25 <b>HILLSBORO</b>	Zip 28 <b>33549</b>	Country 29 <b>HILLSBOROUGH</b>	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent <del><b>DIANE B. GARCIA, PRESIDENT 1402 KEENE LAKE CT. LUTZ, FLA. 33549</b></del>				10. Name and Address of New Registered Agent 81 Name <b>ALBERT M. SALEM III</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>4600 W KENNEDY BLVD</b> 83 84 City <b>TAMPA</b> FL 85 Zip Code <b>33604</b>			
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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 *Diane B Garcia, President* 4/29/96  
Signature Typed or Printed Name of Registered Agent (Block 9) Date of Appointment of Registered Agent (Block 10)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE <b>SECRETARY, V.P.</b>	<input checked="" type="checkbox"/> DELETE		1. TITLE <b>PRESIDENT, VICE PRES, DIRECTOR</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME <b>LYNN M. DROBISCH</b>			2. NAME <b>DIANE B. GARCIA</b>		
STREET ADDRESS <b>9232 VIA SEGOVIA</b>			3. STREET ADDRESS <b>1402 KEENE LAKE</b>		
CITY-ST-ZIP <b>NEW PORT RICHEY FL 34655</b>			4. CITY-ST-ZIP <b>LUTZ, FLORIDA 33549</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> DELETE			5. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			6. NAME		
STREET ADDRESS			7. STREET ADDRESS		
CITY-ST-ZIP			8. CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE			9. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			10. NAME		
STREET ADDRESS			11. STREET ADDRESS		
CITY-ST-ZIP			12. CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE			13. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			14. NAME		
STREET ADDRESS			15. STREET ADDRESS		
CITY-ST-ZIP			16. CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(g), Florida Statutes. I further certify that the information indicated on this annual report or supplier's 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: *Diane B Garcia* 4/29/96 813-949-5901  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date of Filing

CR2E034 (12/95)