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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

May 14 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600030194 (0) KIDDIE TOWN U.S.A. INC.

Principal Place of Business 169 HALLAM COURT SPRING HILL FL 34606		Mailing Address 169 HALLAM COURT SPRING HILL FL 34606-6137		(100)			9) 9) (3 9)
				3. Date Incorporated 04/05/1996	or Qualified 3a. Da	ate of Last Re	eport
21 943 Suite, Apt.		Suite, Apt. #, etc.	s+.	4. FEI Number 59-33.		No \$8.75 A	
City & State	Port Richen 71	City & State 28 Now Part R	ichen H	6. Election Campaign Trust Fund Contrib		\$5.00 Added to	May Be
24 346.	5 4 25 Pasco 9. Name and Address of Current	29 34654 3	Complix	Florida Statutes	as liability for intangible Yes Ss of New Registered	No	. 199.032,
169	OTO, PATRINELLA HALLAM COURT ING HILL FL 34606	negistered Agent	81 Name 82 Street A 83 84 City	Peixoto didiess (P.O. Box Number is 3 4 Pea	Patrin	1e /a_	Code
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State in familiar with, and accept the obligation of the state	of Florida Such change was autitions of, Section 607,0505, Florid	thorized by the corp da Statutes.	oration's board of directors. I	ment for the nurneen o	(changing ils	s registered registered
12.	OFFICERS AND		1 13.	ADDITIONS/CHANG	SES TO OFFICERS AND	DIRECTOR	IS IN 12
TITLE	DENOTO DATINUELLA	DELETE	111111.		trinella	Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	PEIXOTO, PATRINELLA 169 HALLAM COURT SPRING HILL FL 34606		1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	9434 Teal	t St. Richen F	4. 39	1654
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP			Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	3 1 THTLE 3 2 NAME 3 3 STREET ADDRESS 3 4 CHY-SI-ZIP			Change	Addition
TITLE NAME STREET ADDRESS		DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS			Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		DELETE	4.4 CHY-ST-ZIP 5.1 THEF 5.2 NAME 5.3 STREET ADDRESS 5.4 CHY-ST-ZIP			Change	Addition
TITLE NAME STREET ADDRESS		☐ DELETE	6.1 THILE 6.2 NAME 6.3 STREET ADDRESS		,	Change	Addition

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 eath; 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.