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NONPROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # 747

747582

(5)

KIDS IN DISTRESS, INC.

Principal Place of Business

Mailing Address

819 N. E. 26 STREET WILTON MANORS FL 33305 819 N. E. 26 STREET WILTON MANORS FL 33303



| 3. Date Incorporated or Qualified 06/12/1979 3. Date of Last Report 04/26/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 59-1927289 Applied For Not Applicable 59-1927289 Suite, Apt. #, etc 59- |
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| 21 26 59-1927289 Not Applicable Suite, Apt. #, etc 22 5. Certificate of Status Desired S8.75 Additional Fee Required City & State City & State 23 Country Zip Country Zip Country Zip Country Signature Country Signature Country Signature |
| Suite, Apt. #, etc Suite, Apt. #, etc. City & State City & State City & State Country Zip Country No Name and Address of New Registered Agent Nilley, JEANNE. Sign Name Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) FL 85 Zip Code 11. Pursuant to the provisions of Sections 617 0502 and 617 1508. Florida Statutes, the above contractions wherite this determent for the previsions of the provisions of Sections 617 0502 and 617 1508. Florida Statutes, the above contractions wherite this determent for the previsions of t |
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| 11. Pursuant to the provisions of Sections 617 0502 and 617 1508. Florida Statutes, the above ramed concerning a throite this abdoment for the pursuant for the |
| 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office. |
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| 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 617.0503, Florida Statutes. |
| SIGNATURE Signature, typeo or printed name of registered agent and bite if applicable (NOTE: Registered Agent signature required when reinstating) DATE |
| 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
| TITLE PD DELETE 11TITLE Change Addition |
| NAME RHODES, LLOYD 12 NAME |
| STREET ADDRESS 1219 E. LAS OLAS BLVD. 13 STREET ADDRESS |
| CITY-SI-ZIP FT. LAUDERDALE FL 14 CITY-SI-ZIP |
| TIFLE VD DELETE 21 TIFLE Change Addition |
| NAME MASON, DEBBIE 22 NAME |
| STREET ADDRESS 100 N.W. 12TH AVE. 2.3 STREET ADDRESS |
| CITY-ST-ZIP DEERFIELD BCH. FL 2 4 CITY-ST-ZIP |
| TITLE TD TOTAL AND TOTAL TO TOTAL TO THE TOTAL T |
| NAME TINTER, ALAN 32 NAME Michael Weinberg |
| STREET ADDRESS CITY-ST ZIP 3303 W. COMMERCIAL BLVD., #201 33 STREET ADDRESS 34. CITY-ST ZIP 34. CITY-ST ZIP 34. CITY-ST ZIP 350 STREET ADDRESS 34. CITY-ST ZIP 34. CITY-ST ZIP 350 STREET ADDRESS 350 STREE |
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| MILTON MANOR EL |
| 37011-31-211 |
| WEINDERO MICHAEL |
| 0400 W OAVI AND DADY DIVID |
| ET LAUDEDDALE EL |
| CITY-ST-ZIP F1. Lauderdale F1 33316 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)(k), 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 617, points Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

nne Date 1/20/95