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Feb 10, 1999 8:00am
Secretary of State

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 747582

1. Corporation Name

KIDS IN DISTRESS, INC.

Principal Place of Business

819 N. E. 26 STREET
WILTON MANORS FL 33305

Mailing Address

819 N. E. 26 STREET
WILTON MANORS FL 33305



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

06/12/1979

4. FEI Number

59-1927289

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

TOMCZYK, THOMAS J
819 NE 26TH STREET
WILTON MANORS FL 33305

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE TD
NAME THOMPSON, JEFF
STREET ADDRESS 2611 E OAKLAND PARK BLVD
CITY-ST-ZIP FT. LAUDERDALE FL

DELETE

TITLE PCD
NAME TINTER, ALAN
STREET ADDRESS 3303 W COMMERCIAL BLVD, STE. 201
CITY-ST-ZIP FT LAUDERDALE FL 33309

DELETE

TITLE VD
NAME WEINBERG, MICHAEL
STREET ADDRESS 2430W OAKLAND PARK BLVD
CITY-ST-ZIP FT. LAUDERDALE FL

DELETE

TITLE SD
NAME HIRSCHBERG, EDWARD
STREET ADDRESS 3101 N FEDERAL HWY, STE. 700
CITY-ST-ZIP FT LAUDERDALE FL 33306

DELETE

TITLE CEOP
NAME TOMCZYK, THOMAS
STREET ADDRESS 819 NE 26TH STREET
CITY-ST-ZIP WILTON MANORS FL

DELETE

TITLE VD
NAME SHEFFIELD, LEE
STREET ADDRESS ONE NORTH UNIVERSITY DRIVE
CITY-ST-ZIP PLANTATION FL 33324

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

Change Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

Change Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

Change Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Change Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

14. I 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 617, 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)