FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

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Apr 29 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1997**

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

DOCUMENT # **F93000004683 (9)**

1. Corporation Name
KIDSPORTS K.R.C., INC.

Principal Place of Business	Mailing Address
670 BONDED PARKWAY STREAMWOOD IL 60107	670 BONDED PARKWAY STREAMWOOD IL 60107-1839

3. Date Incorporated or Qualified: 10/18/1993
3a. Date of Last Report: 08/06/1996

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: 36-3899956 ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

VALENTINO, NORBERT L
~~767 SO. NOVA RD.~~
~~ORMOND BEACH FL 32174~~

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 2777 UNIVERSITY BLVD W
83
84 City: JACKSONVILLE FL 85 Zip Code: 32217

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: William A Valentino — WILLIAM A. VALENTINO V.P. — 4/16/97
Signature, type or printed name of person with authority to sign — (NOTE: Registered Agent's signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	VALENTINO, NORBERT L		1.2 NAME	
STREET ADDRESS	209 CLUB CIRCLE		1.3 STREET ADDRESS	
CITY-ST-ZIP	BARRINGTON IL 60010		1.4 CITY-ST-ZIP	
TITLE	VCD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	VALENTINO, WILLIAM A		2.2 NAME	
STREET ADDRESS	209 CLUB CIRCLE		2.3 STREET ADDRESS	
CITY-ST-ZIP	BARRINGTON IL 60010		2.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	LAGAMBINA, JASPER		3.2 NAME	
STREET ADDRESS	25 W 120 SCHICK RD		3.3 STREET ADDRESS	
CITY-ST-ZIP	BLOOMINGDALE IL		3.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	CASCIO, SAMUEL J DR.		4.2 NAME	
STREET ADDRESS	26 GREYSTONE LANE		4.3 STREET ADDRESS	
CITY-ST-ZIP	N. BARRINGTON IL 60010		4.4 CITY-ST-ZIP	
TITLE	P	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	VALENTINO, LINDA L		5.2 NAME	
STREET ADDRESS	209 CLUB CIRCLE		5.3 STREET ADDRESS	
CITY-ST-ZIP	BARRINGTON IL 60010		5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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 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: William A. Valentino — WILLIAM A. VALENTINO — 4/16/97 — (630) 289-2626