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**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**DOCUMENT # H33818 (6)**

**1. Corporation Name  
GLADYS KIDD & ASSOCIATES, INC.**

DO NOT WRITE IN THIS SPACE.

**Principal Place of Business Mailing Address**  
**DISCOWNE 21-2121 N BAYSHORE DR 2121 N BAYSHORE DR**  
**#1105 #1105**  
**MIAMI FL 33137 MIAMI FL 33137**

**3. Date Incorporated or Qualified 12/12/1984** **3a. Date of Last Report 05/12/1994**

<b>2. Principal Place of Business</b>	<b>2a. Mailing Address</b>	<b>4. FEI Number</b>	<b>Applied For</b>
<b>21 2121 N. Bayshore Drive</b>	<b>26 2121 N. Bayshore Drive</b>	<b>59-2544745</b>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
<b>22 Suite, Apt. #, etc. Suite 1105</b>	<b>27 Suite, Apt. #, etc. Suite 1105</b>	<b>5. Certificate of Status Desired</b>	<input type="checkbox"/> \$8.75 Additional Fee Required
<b>23 City &amp; State Miami, FL</b>	<b>28 City &amp; State Miami, FL</b>	<b>6. Election Campaign Financing Trust Fund Contribution</b>	<input type="checkbox"/> \$5.00 May Be Added to Fees
<b>24 Zip 33137</b>	<b>25 Country US</b>	<b>29 Zip 33137</b>	<b>30 Country US</b>
<b>7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes</b>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

<b>9. Name and Address of Current Registered Agent</b>	<b>10. Name and Address of New Registered Agent</b>
<b>KIDD, GLADYS % GLADYS KIDD &amp; ASSOCIATES, INC. 2121 N. BAYSHORE DRIVE #1105 MIAMI FL 33137</b>	<b>B1 Name</b>
	<b>B2 Street Address (P.O. Box Number is Not Acceptable)</b>
	<b>B3</b>
	<b>B4 City</b>
	<b>B5 Zip Code</b>

**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** \_\_\_\_\_ **DATE** \_\_\_\_\_  
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when re-registering)

<b>12. OFFICERS AND DIRECTORS</b>		<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>	
<b>TITLE</b>	<b>P</b>	<b>1.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>KIDD, GLADYS</b>	<b>1.2 NAME</b>	
<b>STREET ADDRESS</b>	<b>2121 N BAYSHORE DR 1105</b>	<b>1.3 STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	<b>MIAMI FL</b>	<b>1.4 CITY - ST - ZIP</b>	
<b>TITLE</b>		<b>2.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>2.2 NAME</b>	
<b>STREET ADDRESS</b>		<b>2.3 STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>		<b>2.4 CITY - ST - ZIP</b>	
<b>TITLE</b>		<b>3.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>3.2 NAME</b>	
<b>STREET ADDRESS</b>		<b>3.3 STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>		<b>3.4 CITY - ST - ZIP</b>	
<b>TITLE</b>		<b>4.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>4.2 NAME</b>	
<b>STREET ADDRESS</b>		<b>4.3 STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>		<b>4.4 CITY - ST - ZIP</b>	
<b>TITLE</b>		<b>5.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>5.2 NAME</b>	
<b>STREET ADDRESS</b>		<b>5.3 STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>		<b>5.4 CITY - ST - ZIP</b>	
<b>TITLE</b>		<b>6.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>6.2 NAME</b>	
<b>STREET ADDRESS</b>		<b>6.3 STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>		<b>6.4 CITY - ST - ZIP</b>	

**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)(b), 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:** Gladys Kidd **4/17/95 305 573 2049**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR