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4744				_	r P
SECOND NO	TICS CORPORATION WILL I	BE DISSOLVED ON OR AFTE	R SEPTEMBER 30, 199	В.	
	7 — — — — — — — — — — — — — — — — — — —	DISSOCTED, MINIMUM AMOUNT DO	E TO REMOTATE: \$150).		-
	PROFIT	FLORIDA DEPA	ARTMENT OF STATE		
	PORATION (C)	Sandra	B. Mortham		
ANNU	JAL R EPORT	Secret	ary of State	FILED	t. 4
	19 9 8	DIVISION OF	CORPORATIONS	111	
			· · · · · · · · · · · · · · · · · · ·	98 JUL 28 AM	0: 1,0
	MBNT # K4402	99 (7)		SO WAS COLORED	7. M 7
1. Corporation	n Narpe INTTOZ	(/)		SEGRETART OF S	CTATE
KIĐ'S K	ing do m, inc.			TALLAHASSEE F	I UNIT
	±				TON AND RICHARD BURNERS
	# # ###				
Principal Plac	e of Business	Mailing Address		F INDIANIC ON DISIL BISIC BOSING INDIS	non sit ti sien ombi aisu aisu tiat
12803 LAKE HILLS DRIVE 12803 LAKE HILLS DRIVE				**************************************	
RIVERVIEW FL 33569 RIVERVIEW FL 33569					<u> </u>
			DO NOT WRITE IN	THIS SPACE	
	报 单:			3. Date Incorporated or Qualified	
9 Principal D	I Buelones	20 Mailing Address		11/08/1988 4. FEI Number	1 14 11 15
	lace d Business	2a. Mailing Address		· · · - · · · · · · · · · · · · · · · ·	Applied For
Suite, Apt.	#, etc. Suite, Apt. #, etc.		59-2911876	Not Applicable \$8.75 Additional	
22	i i i i i i i i i i i i i i i i i i i	27]		5. Certificate of Status Desired	Fee Required
City & Stat	9	City & State		6. Election Campaign Financing	\$5.00 May Be
23	<u>:</u>	28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the	
24	25	29	30	Personal Property Tax due June 30.	Yes No
•	9. Name and Address of Cu	rrent Registered Agent		10. Name and Address of New Registe	red Agent
AKHTER YOUSUF 81 Name					
40000 1 107 1111 0 00				ress (P.O. Box Number Is Not Acceptable)	1
	RVIEW FL 33569		0.00000	TOUR (F.O. DOX I MILLON TO NOT A CONTROL OF	*
,	•		83	Note	
			84 City		85 Zip Code
	in the second se		City		FL 85 Zip Code
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					
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	े कि जी ह				
	Signature, typed or printed name of registered		OTE: Registered Agent signature rec		TE :
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICER	20 (7)
TITLE	DP:	DELETE	1.1 TITLE		Change
NAME	AKHTER, YOUSUF		1.2 NAME	LanninSeii	J 45 17 ₅₅ 21
STREET ADDRESS	12603 LAKE HILLS DRIVE		1.3 STREET ADDRESS	-07/31/98	24517 ₀₀₆ 2
CITY-ST-ZIP	RIVERVIEW FL		1.4 CITY-ST-ZIP 2.1 TITLE	****150.	10 *:*:*:150 00 Change Addition
TITLE	DST AVEITED TANZEGIA	L DELETE			Change L. Addition
NAME	AKRITER, TANZEEM		2.2 NAME		<u> </u>
STREET ADDRESS	12 6 03 Lake Hills Drive Riverview Fl		2.3 STREET ADDRESS		. F
CITY-ST-ZIP	LINAEVANCAA LF	<u> </u>	2.4 CITY-ST-ZIP 3.1 TITLE		<u> </u>
TITLE	4	DELETE			Change Addition
NAME			3.2 NAME		Ē.
STREET ADDRESS	t dicumen		3.3 STREET ADDRESS		Petitioner
CITY-ST-ZIP TITLE	*	<u> </u>	3.4 CITY-ST-ZIP 4.1 TITLE		
l i	* 1	DELETE			Change
NAME etheet anneed			4.2 NAME		1
STREET ADORESS	4		4.3 STREET ADDRESS		<u>.</u>
CITY-ST-ZIP	- 4		4.4 CITY-ST-ZIP 5.1 TITLE		Change Addition
NAME		L DELETE	5.1 NAME		Change L Addition
STREET ADDRESS			5.3 STREET ADDRESS		
	Right-State		1		たった
CITY-ST-ZIP TITLE	+	DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		M
NAME	C lad i Mass	☐ DELETE	6.2 NAME		Change ([L]) Addition
STREET ADDRESS			6.2 NAME 6.3 STREET ADDRESS		* NW.
	Hardwo Millian				* 'N'
CITY-ST-ZIP	ertify that the Information supplied	with this filing does not qualify for	6.4 CITY-ST-ZIP the exemption stated in sec	ction 119.07(3)(i), Florida Statutes. I further ce	rtify that the information
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 of suppliemental 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 of 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.					
In Block 12	or Block 13 if changed or on an	attachment with an address.	is product this report as re	Admined by Chiapter Out, Florida Statutes; and	I was appears
		Man 1/ 3000 m	ILLITE D	100	1/00 0/12