

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**APPROVED
AND
FILED**

9:37

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Martinez
Secretary of State
Tallahassee, Florida 32399-0001

DOCUMENT # K49366 (3)

KIDS COMPANY, INC.

290 MAITLAND AVE
ALTAMONTE SPRINGS FL 32701
US

12526 WATER HAVEN CR
ORLANDO FL 32828
US

(SEE INSTRUCTIONS TO FORMS OF 1994)

2. Filing Date of Report		2a. Mailing Address		3. Date of Incorporation or Reorganization		3a. Date of Last Report	
21		26		11/29/1988		05/26/1994	
22. State of Report		27. State of Report		4. FID Number		Applied For	
23. City & State		28. City & State		65-0088785		Not Applicable	
24. Zip		29. Zip		5. Certificate of Status: Domestic		X \$8.75 Additional Fee Required	
25. Country		30. Country		6. Election Campaign Financing		X \$5.00 May Be Added to Fees	
				Trust Fund Contribution			
				7. This corporation has liability for franchise tax under the 1993 Florida Statutes		X Yes [] No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
DURANTE, NANCY P 12526 WATER HAVEN CR ORLANDO FL 32828				81. Name			
				82. Street Address (P.O. Box Number or Not Applicable)			
				83.			
				84. City			
				FL 85. Zip Code			

11. Pursuant to the provisions of Sections 601, 602, and 603 of the Florida Statutes, the above named corporation certifies the 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, chairman, or by the appointment of a registered agent with knowledge and consent the corporation of the new office under Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 1995	
NAME	DURANTE, NANCY P	NAME	[] Change [] Addition
STREET ADDRESS	12526 WATER HAVEN CR	NAME	[] Change [] Addition
CITY & STATE	ORLANDO FL	NAME	[] Change [] Addition
NAME		NAME	[] Change [] Addition
STREET ADDRESS		NAME	[] Change [] Addition
CITY & STATE		NAME	[] Change [] Addition
NAME		NAME	[] Change [] Addition
STREET ADDRESS		NAME	[] Change [] Addition
CITY & STATE		NAME	[] Change [] Addition
NAME		NAME	[] Change [] Addition
STREET ADDRESS		NAME	[] Change [] Addition
CITY & STATE		NAME	[] Change [] Addition
NAME		NAME	[] Change [] Addition
STREET ADDRESS		NAME	[] Change [] Addition
CITY & STATE		NAME	[] Change [] Addition

14. I, the undersigned, certify that the information supplied on this filing is voluntarily furnished and is not required by the corporation stated in Sections 601, 602, and 603 of the Florida Statutes. I further certify that the information included on this filing is true and correct and that any signature shall have the same legal effect as if made under oath. That copies of this report are being furnished to the corporation or the receiver or liquidator as required by Chapter 601 of the Florida Statutes and that any copies appear on this filing or be filed with the corporation or the receiver or liquidator as required by Chapter 601 of the Florida Statutes.

SIGNATURE: *Nancy P. Durante* NANCY P. DURANTE 4/28/95 (401) 277-2899