FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 14 AM 11:47

DOCUMENT # K83333 (0)

1. Corporation Name
KID E PATCH, INC.

Principal Place of Business	Mailing Address
~~KARL H. KANTOR~~ ~~215 N EOLA DR~~ ~~ORLANDO FL 32801-2828~~	~~KARL H. KANTOR~~ ~~215 N EOLA DR~~ ~~ORLANDO FL 32801-2828~~

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/25/1989
3a. Date of Last Report: 04/13/1994

2. Principal Place of Business
21: 26 W. Steele St.
22: Suite, Apt. #, etc.
23: City & State: ORLANDO FL
24: Zip: 32804
25: Country: USA

2a. Mailing Address
26:
27: Suite, Apt. #, etc.: 26 W. Steele St.
28: City & State: ORLANDO FL
29: Zip: 32804
30: Country: USA

4. FEI Number: 59-2944230 ☐ 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

~~KANTOR, HAL H~~
~~215 N EOLA DR~~
~~ORLANDO FL 32801~~

10. Name and Address of New Registered Agent

81 Name: CAROLYN SUE BINES, Pres.
82 Street Address (P.O. Box Number is Not Acceptable)
83: 605 MINNESOTA AVE
84 City: WINTER PARK FL 85 Zip Code: 32789

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: Carolyn Sue Bines, Pres. 2/10/95
Signature, type or print(ed) name of registered agent and title if applicable (NOTE: Registered Agent signature required when name changed) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPT	1.1 TITLE	☐ Change ☐ Addition
NAME	BINES, CAROLYN SUE	1.2 NAME	
STREET ADDRESS	605 MINNESOTA AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL	1.4 CITY-ST-ZIP	
TITLE	S	2.1 TITLE	☐ Change ☐ Addition
NAME	BINES, CAROLYN SUE	2.2 NAME	
STREET ADDRESS	605 MINNESOTA AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL	2.4 CITY-ST-ZIP	
TITLE	VP	3.1 TITLE	☐ Change ☐ Addition
NAME	GARBERS, LISA	3.2 NAME	
STREET ADDRESS	104 ROSE BRIAR DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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)(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: Carolyn Sue Bines 2/10/95 407-898-0771
SIGNATURE AND TYPED OR PRINTED NAME OF BIDDING OFFICER OR DIRECTOR — Date — Daytime Phone #
CAROLYN SUE BINES

0053613 CP