

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
May 07 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # **K83333** (0)  
1. Corporation Name  
**KID E PATCH, INC.**

Principal Place of Business  
**813 N LAKEMONT AVE  
WINTER PARK FL 32782  
US**

Mailing Address  
**813 N LAKEMONT AVE  
WINTER PARK FL 32782  
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>04/25/1989</b>	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number <b>59-2944230</b>	
22 City & State		27 City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24 Country		29 Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**BINES, CAROLYN SUE  
502 POLARIS LOOP  
UNIT 108  
CASSELBERRY FL 32707**

10. Name and Address of New Registered Agent

81 Name **Lisa D. Garbers**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**104 Rose Briar Dr.**  
83  
84 City **LONGWOOD** FL 85 Zip Code **32750**

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

*[Signature]* Pres.

Signature of the person named as registered agent and used in application

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>DPT</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>BINES, CAROLYN SUE</b>	
STREET ADDRESS	<b>502 POLARIS LOOP UNIT 108</b>	
CITY-ST-ZIP	<b>CASSELBERRY FL</b>	
TITLE	<b>S</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>BINES, CAROLYN SUE</b>	
STREET ADDRESS	<b>502 POLARIS LOOP UNIT 108</b>	
CITY-ST-ZIP	<b>CASSELBERRY FL</b>	
TITLE	<b>VP</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>GARBERS, LISA</b>	
STREET ADDRESS	<b>104 ROSE BRIAR DR.</b>	
CITY-ST-ZIP	<b>LONGWOOD FL</b>	
TITLE	<b>VP</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>DETER, RICHARD</b>	
STREET ADDRESS	<b>3308 HAMLET LOOP</b>	
CITY-ST-ZIP	<b>WINTER PARK FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>GARBERS, LISA D</b>
1.3 STREET ADDRESS	<b>104 ROSE BRIAR DR.</b>
1.4 CITY-ST-ZIP	<b>LONGWOOD, FL 32750</b>
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>GARBERS, LISA D</b>
2.3 STREET ADDRESS	<b>104 ROSE BRIAR DR</b>
2.4 CITY-ST-ZIP	<b>LONGWOOD, FL 32750</b>
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>GARBERS, LISA D.</b>
3.3 STREET ADDRESS	<b>104 ROSE BRIAR DR.</b>
3.4 CITY-ST-ZIP	<b>LONGWOOD, FL 32750</b>
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>GARBERS, Michael J</b>
4.3 STREET ADDRESS	<b>104 ROSE BRIAR DR</b>
4.4 CITY-ST-ZIP	<b>LONGWOOD, FL</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 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 in an attachment with an address.

SIGNATURE:

*[Signature]* Pres.

4/14/98

740-6118

CR2E034 (10/97)