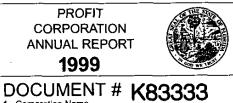
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED May 05, 1999 8:00 am Secretary of State

05-05-1999 90137 009 ***158.75

Solporation regine	
KID E PATCH, INC.	

					BÎL QUQUE ESQUE BUBUL BIBUS BUBUL SABUL
Principal Place	e of Business	Mailing Address			
813 N LAKEMO		813 N LAKEMONT AVE			
WINTER PARK FL 32792 WINTER PARK FL 32792 US US			DO NOT WRITE IN THIS SPACE		
US		00		3. Date Incorporated or Qualifed	
				04/25/1989	
2 Principal Pl	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-2944230	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			\$8.75 Additional
22		27		5. Certifcate of Status Desired	Fee Required
City & State	9	City & State		- 6Election Campaign Financing -	\$5,00-Mey-Be
23		28	<u> </u>	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year	r Intangible
24	25	2930)	Personal Property Tax.	Yes No
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Register	red Agent
DIME	CAROLVALOUE		81 Name	isa D (marbo	\sim
	S, CAROLYN SUE		82 Street Add	ress (P.O. Box Number is Not Acceptable)	
	POLARIS LOOP		104	roa Dia 1)1,
UNIT			83	ÂZ	
CAS	SELBERRY FL 32707		84 /11	00117000	85 Zp-0pd/7
	$\alpha \alpha \alpha \alpha$	\			-L 10 13 190
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes,	the above-named corp	poration submits this statement for the purposion's beard of directors. I hereby accept the ap	e of changing its registered
onice or n	egistered agent, arboth, in the state m amiliar with, and acsent the obliga	ations of Section 607.0505, Fibrida	a Statutes.	7. 12	100
SIGNATURE	(/ XHAUII) (DVA)		W.	<i>⊙</i> p	1197
- CICHATIONE			egistered Agent signature require		NIE BIREATORO (1) 40
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	Change Addition
TITLE	DPT CAPPERS 4 5	☐ DELETE	1.1 TITLE		□ Change □ Addition
NAME	GARBERS, L D		1.2 NAME		
STREET ADDRESS	104 ROSE BRIAR DR		1.3 STREET ADDRESS		
CITY-ST-ZIP	LONGWOOD FL 32750		1.4 CITY-ST-ZIP		Change Addition
TITLE	S	☐ DELETE	2.1 TITLE		
NAME	GARBERS, L. D		2.2 NAME		
STREET ADDRESS	104 ROSE BRIAR DR		2.3 STREET ADDRESS		
CITY-ST-ZIP	LONGWOOD FL 32750	DELETE	2.4 CITY-ST-ZIP		Shange ddition
TITLE	VP	DELETE	31 TITLE		Name -
NAME	GABORS, M J		3.2 NAME		
STREET ADDRESS	104 Rose Briar Dr Longwood Fl	İ	3.3 STREET ADDRESS		
CITY-ST-ZIP	LONGWOOD FL	☐ DELETE	3.4. CITY-ST-ZIP		☐ Change ☐ Addition
TITLE	,	□ DETE 16	4.1 TITLE		□ cumas □ vocatou
NAME _			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		☐ DELETE	4.4 City-St-ZIP		Change Addition
TITLE		M DETE IS	5.1 TITLE 5.2 NAME		
NAME			5.3 STREET ADDRESS		
STREET ADDRESS			5.4 City-ST-ZIP		
CITY-ST-ZIP		DELETE	6.1 TITLE		☐ Change ☐ Addition
TITLE			6.2 NAME	-	□ cuango □ rioadon
NAME		\wedge	6.3 STREET ADDRESS	· · ·	
STREET ADDRESS		\bigcap / \	B		
CITY-ST-ZIP	<u> </u>		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 driftustee 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 dr or an attachment with an address, with all other five simpowered.

SIGNATURE: