

FILED
Jun 18, 1999 8:00 am
Secretary of State

06-18-1999 90011 049 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>RK98308</u> 1. Corporation Name <u>Kids R Tops, Inc.</u>			
Principal Place of Business <u>215 Kingsway Rd</u> <u>Brandon, FL 33510</u>		Mailing Address <u>215 Kingsway Rd</u> <u>Brandon, FL 33510</u>	
2. Principal Place of Business 21 <u>215 Kingsway Rd</u> Suite, Apt. #, etc.		2a. Mailing Address 26 <u>215 Kingsway Rd</u> Suite, Apt. #, etc.	
22 <u>Brandon FL</u> City & State		27 <u>Brandon FL</u> City & State	
23 <u>33510</u> <u>1</u> Zip Country		29 <u>33510</u> <u>30</u> Zip Country	
9. Name and Address of Current Registered Agent <u>Victoria Brown</u> <u>406 Copperleaf Circle</u> <u>Brandon, FL 33511</u>		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <u>FL</u> 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 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 <u>Victoria Brown</u> <u>Victoria Brown, president</u> DATE			
12. OFFICERS AND DIRECTORS TITLE <u>President</u> <input type="checkbox"/> DELETE NAME <u>Victoria Brown</u> STREET ADDRESS <u>406 Copperleaf Cir</u> CITY-ST-ZIP <u>Brandon, FL 33511</u>		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Victoria Brown Victoria Brown
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-4-99
Date

813-654-2868
Daytime Phone #

CR2E034 (1/98)