

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

PROFIT CORPORATION ANNUAL REPORT 1996		 FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L45318 (7)			
1. Corporation Name KID KAM, INC.			
Principal Place of Business 11610 S CLEVELAND AVE FT MYERS FL 33907		Mailing Address 11610 S CLEVELAND AVE FT MYERS FL 33907	
2. Principal Place of Business 21 11610 S. Cleveland		2a. Mailing Address 26 SAME	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.	
23 City & State FT Myer, Fla.		28 City & State	
24 Zip 33907		29 Country	
25 Country Lee		30	
3. Date Incorporated or Qualified 01/25/1990		3a. Date of Last Report 04/27/1995	
4. FEI Number 65-0189535		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 MILLER, CAROL 5378 COLONY CT CAPE CORAL FL 33904		10. Name and Address of New Registered Agent 81 Name SAME 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 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 607.1505, Florida Statutes. SIGNATURE <i>Carol Miller</i> 4-30-96			
12. OFFICERS AND DIRECTORS			
TITLE	P	☐ DELETE	
NAME	MILLER, RAYMOND C.		
STREET ADDRESS	5378 COLONY CT		
CITY-ST-ZIP	CAPE CORAL FL 33904		
TITLE	VS	☐ DELETE	
NAME	MILLER, CAROL		
STREET ADDRESS	5378 COLONY CT		
CITY-ST-ZIP	CAPE CORAL FL 33904		
TITLE		☐ DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE	☐ Change ☐ Addition		
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE	☐ Change ☐ Addition		
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE	☐ Change ☐ Addition		
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE	☐ Change ☐ Addition		
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE	☐ Change ☐ Addition		
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE	☐ Change ☐ Addition		
6.2 NAME			
6.3 STREET ADDRESS			
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)(k), 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: <i>Carol Miller</i>		4-30-96 941-5367309	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: 4-30-96	

CR2E034 (12/95)