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

PROFIT CORPORATION ANNUAL REPORT

1997

KID KAM, INC.



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L45318

(7)

FILED May 06 1997 8:00am Secretary of State



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Principal Place of Business Mailing Address					£ JÄMILA IL MIT AT MIT MIT MIT AT IN ATTENTION AT IN A	II BIBII BIBII BIBII BIBII DI	
11610 6 CLEVE		11610 S CLEVELAND					
FT MYER FL 33907		FT MYER FL 33907-2967					
l US I		US			3. Date Incorporated or Qualified	3a. Date of Las	t Benort
					01/25/1990	05/01/1996	
2. Principal P	lace of Business	2a. Mailing Address	2a. Mailing Address		4. FEI Number		Applied For
21	26				65-0189535	Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired	~	5 Additional
22		27		b. Certificate of Status Desired	Fee	Required	
City & State		City & State	City & State		6. Election Campaign Financing \$5.00 May Be		
23		28		Trust Fund Contribution Added to Fees			
Zip	Country Z ₁ p		Country		8. This corporation has liability for intangible tax under s. 199.032,		
24	25 9. Name and Address of Curren	29	30		Florida Statutes 10. Name and Address of New F	Yes No	
h Alt I		II vedisielen Wheili	8	1 Name			
	ER, CAROL			110	Tuny dress (P.O. Box Number is Not Accept		
	IO S CLEVELAND IYER FL 33907			82 Street Address (P.O. Box Number is Not Acceptable)			
""	ITEN FL 3390/		83				
	•		8	4 City		FL 85 Z	ip Code
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida Statut	les, the abo	ve-named cor	poration submits this statement for the		g its registered
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 families with, and accept the obligations of, Section 607.0505, Florida Statutes.							
SIGNATURE	(001/ M/1/0)	- UP	1000	201 ///	Wee	4-27-	97
SIGNATURE	Signature, lypiod or printed name of registered ago	ent and tile if applicable (NOT	f Registered A	gent signature requ	pred when reinstaling)	DATE	
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFF		
TITLE	P	DELETE	1.1 TATLE	- I		☐ Chang	ge [] Addition
NAME	MILLER, RAYMOND C.		1.2 NAM				
STREET ADDRESS	5376 COLONY CT			ET ADDRESS			[-
CITY-ST-ZIP TITLE	CAPE CORAL FL 33904 VS DELETE		1.4 City - 2.1 Title			Chang	ae [Addition
NAME	MILLER, CAROL		2.2 NAME			L_J Chang	go [_] Roomon
STREET ADDRESS	5376 COLONY CT			ET ADDRESS	•		
CITY-ST-ZIP	CAPE CORAL FL 33904		2.4 GBY	1			1
TITLE	ON E CONTE LE COCCI	DELETE	3.1 TITLE			Chang	ge Addition
NAME			3.2 NAMI				
STREET ADDRESS				E1 ADDRESS			
CITY-ST-ZIP			3.4, DITY	1			
TITLE			4 1 TITLE			☐ Chang	ge Addition
NAME			4. 2 NAM	IE			ľ
STREET ADDRESS			4.3 STRE	ET ADDRESS			
CITY-ST-ZIP			4.4,CITY	-ST-ZIP_			_
TITLE		DELETE	5.1 TITLE			Chang	ge [] Addition
NAME			5.2 NAME	;			[
STREET ADDRESS			5.3,STRE	E1 ADDRESS			ļ
CITY-ST-ZIP			5.4 CITY	- S1 - ZIP			
TITLE		☐ DELETE	6.1 TO LE			Chang	ge 🔲 Addition
NAME			6.2 NAMI	ī			
STREET ADDRESS			6.3 STRE	E1 ADDRESS		•	
CITY-ST-ZIP			64 CHY	·\$1 - ZIP			

14. I do 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 eath; 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.