


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

**FILED**  
**Apr 16, 1999 8:00 am**  
**Secretary of State**

04-16-1999 90019 015 \*\*\*158.75

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		 <b>FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT # L52083</b>			
1. Corporation Name <b>KIDS-KAROUSEL INC. OF CENTRAL FLORIDA</b>			
Principal Place of Business <b>1527 DODD RD WINTER PARK FL 32792-3669</b>		Mailing Address <b>1527 DODD RD WINTER PARK FL 32792-3669</b>	
2. Principal Place of Business <b>21</b>		2a. Mailing Address <b>26</b>	
Suite, Apt. #, etc. <b>22</b>		Suite, Apt. #, etc. <b>27</b>	
City & State <b>23</b>		City & State <b>28</b>	
Zip Country <b>24</b> <b>25</b>		Zip Country <b>29</b> <b>30</b>	
9. Name and Address of Current Registered Agent <b>CHARLOTTE ROBERTS 1521 DODD RD WINTER PARK FL 32792</b>		10. Name and Address of New Registered Agent <b>81 Name</b> <b>82 Street Address (P.O. Box Number is Not Acceptable)</b> <b>83</b> <b>84 City</b> <b>85 Zip Code</b> <b>FL</b>	
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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>P</b>	NAME <b>ROBERTS, CHARLOTTE A</b>	<input type="checkbox"/> DELETE	
STREET ADDRESS <b>1521 DODD RD</b>			
CITY-ST-ZIP <b>WINTER PARK FL 32792-3669</b>			
TITLE <b>VP</b>	NAME <b>ROBERTS, GREGORY A.</b>	<input type="checkbox"/> DELETE	
STREET ADDRESS <b>1511 DODD RD</b>			
CITY-ST-ZIP <b>WINTER PARK FL 32792-3669</b>			
TITLE <b>ST</b>	NAME <b>ROBERTS, MICHELLE M.</b>	<input type="checkbox"/> DELETE	
STREET ADDRESS <b>1511 DODD RD</b>			
CITY-ST-ZIP <b>WINTER PARK FL</b>			
TITLE <b>D</b>	NAME <b>DANN, GLENA C.</b>	<input checked="" type="checkbox"/> DELETE	
STREET ADDRESS <b>6971 ALOMA AVE APT-127</b>			
CITY-ST-ZIP <b>WINTER PARK FL 32792</b>			
TITLE	NAME	<input type="checkbox"/> DELETE	
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	NAME	<input type="checkbox"/> DELETE	
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	NAME	<input type="checkbox"/> DELETE	
STREET ADDRESS			
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: Charlotte Roberts  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-7-99 407-678-6625  
Date Daytime Phone

CR2E034 (1/98)