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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M02169

A KID'S BOOK SHOPPE, INC.				
Principal Place of Business Mailing Address		• •		
1895 N.E. 185 ST. NO. MIAMI BEACH FL 33179-5035 3455 STALLION LANE WESTON FL 33331				
US		DO NOT WRITE IN THIS	SPACE	
•		3. Date Incorporated or Qualifed		j
		06/27/1984		
Principal Place of Business 2a. Mailing Address		4, FEI Number	· —	ed For
21 3455 Stallon hane 26		59-2424058		Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27	عويمه بالم	-5. Certifcate of Status Desired □	\$8.75 Add Fee Requ	
City & State City & State City & State 23 Weston Florida 28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 Ma Added to I	
Zip Country Zip	Country 30	This corporation owes the current year Int Personal Property Tax.	tangible	ZNo.
24 333\ 25 US H 29 9. Name and Address of Current Registered Agent	30	10. Name and Address of New Registered		
g, Haine and Address of Ourfall Register of Agent	81 Name			
ENNIS, LORELEI	22	decay (D.O. Boy Number is Not Apportable)		
3455 STALLION LANE	82 Street Ad	dress (P.O. Box Number is Not Acceptable)		
WESTON FL 33331	83			
	84 City		85 Zip Co	ndo .
	84 City	FL	_ 65 Zip 00	
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statute office or registered agent, or both, in the State of Florida. Such change was augent. I am familiar with, and accept the obligations of, Section 607.0505, Flor SIGNATURE	ithorized by the corpora ida Statutes.	rporation submits this statement for the purpose of tion's board of directors. I hereby accept the appo	changing its re	egistered stered
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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 requirer or trustee empowered to execute this report as required by Chapter 60?, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or on an attachment with an address, with all other like empowered.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

Change

Addition

Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90137 037 ***150.00