

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Cecilia B. Mcgregor
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 PM 4: 32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M03982** (9)

1. Corporation Name
THE KIDZ EXCHANGE, INC.

Principal Place of Business Mailing Address
12171 TAFT ST PEMBROKE LAKES FL 33026 **12171 TAFT ST PEMBROKE LAKES FL 33026**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/29/1984	3a. Date of Last Report 03/30/1994
4. FEI Number 16-0014604	Applied For <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. This corporation is liable for intangible tax under C-199-000, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
County	County
24	25
29	30

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
MAYERON, LESLIE W. 751 HERON RD. FT. LAUDERDALE FL 33326		B1 Name	
		B2 Street Address (P.O. Box Number is Not Acceptable)	
		B3	
		B4 City	FL B5 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: _____ (Type or typed or printed name of registered agent and the corporation) (NOTE: Registered Agent signature required when changing) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP MAYERON, LESLIE 751 HERON RD. FT. LAUDERDALE FL	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAYERON, LESLIE	1.2 NAME	
STREET ADDRESS	751 HERON RD.	1.3 STREET ADDRESS	
CITY, ST, ZIP	FT. LAUDERDALE FL	1.4 CITY, ST, ZIP	
TITLE	PD MAYERON, LESLIE 751 HERON RD. FT. LAUDERDALE FL	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAYERON, LESLIE	2.2 NAME	
STREET ADDRESS	751 HERON RD.	2.3 STREET ADDRESS	
CITY, ST, ZIP	FT. LAUDERDALE FL	2.4 CITY, ST, ZIP	
TITLE	P MAYERON, LESLIE 751 HERON RD FT LAUDERDALE FL	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAYERON, LESLIE	3.2 NAME	
STREET ADDRESS	751 HERON RD	3.3 STREET ADDRESS	
CITY, ST, ZIP	FT LAUDERDALE FL	3.4 CITY, ST, ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 CITY, ST, ZIP	

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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)(b), 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 recipient or trustee empowered to execute this report as required by Chapter 1817, Florida Statutes, and that my name appears on Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Leslie W. Mayeron*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/95 43-5305
DATE SIGNATURE