

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

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR 27 PM 3: 25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M60008 (S)
1. Corporation Name
KIDS INDIVIDUAL DEVELOPMENTAL SERVICES, INC.

Principal Place of Business Mailing Address
1116 SARNO ROAD 1116 SARNO ROAD
~~332 ARLINGTON CT.~~ ~~333 ARLINGTON CT.~~
MELBOURNE FL 32935 MELBOURNE FL 32935
US US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **02/16/1988** 36. Date of Last Report **04/28/1994**

4. FEI Number **59-2879702** 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 § 190.032, Florida Statutes Yes No

2. Principal Place of Business 26. Mailing Address
21 **1116 SARNO ROAD** 26 **1116 SARNO ROAD**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27
City & State City & State
23 **MELBOURNE FL** 28 **MELBOURNE FL**
City Country City Country
24 **32935** 25 **USA** 29 **32935** 30 **USA**

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent
GAY, SYLVIA F. 81 Name
1116 SARNO ROAD 82 Street Address (P.O. Box Number is Not Acceptable)
MELBOURNE FL 32935 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DST	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAY, CARL	12 NAME	
STREET ADDRESS	1116 SARNO ROAD	13 STREET ADDRESS	
CITY - ST - ZIP	MELBOURNE FL	14 CITY - ST - ZIP	
TITLE	DP	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAY, SYLVIA F.	22 NAME	
STREET ADDRESS	1116 SARNO ROAD	23 STREET ADDRESS	
CITY - ST - ZIP	MELBOURNE FL	24 CITY - ST - ZIP	
TITLE		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY - ST - ZIP		34 CITY - ST - ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 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: Carl Gay (CARL GAY) 4/22/95 (407) 253-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone No.