

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 04, 1999 8:00 am**  
**Secretary of State**

03-04-1999 90041 007 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
<b>DOCUMENT # N08202</b> 1. Corporation Name <b>KID'S WORLD, INC.</b>		
Principal Place of Business 11 BETH STACY BLVD LEHIGH ACRES FL 33936 US	Mailing Address P O BOX 1492 LEHIGH ACRES FL 33970 US	



2. Principal Place of Business 21 Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.	3. Date Incorporated or Qualified 03/18/1985
23 City & State	28 City & State	4. FEI Number 59-1361115
24 Zip	29 Country	5. Certificate of Status Desired <input type="checkbox"/>
25	30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>

9. Name and Address of Current Registered Agent RICE, VERNA LEA 204 NORTH 8TH AVE. LEHIGH ACRES FL 33936	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	10. Name and Address of New Registered Agent
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
NAME	RICE, RON	1.2 NAME	TULLER, JAYNE
STREET ADDRESS	204 NORTH 8TH AVE	1.3 STREET ADDRESS	212 LAKE DRIVE
CITY-ST-ZIP	LEHIGH ACRES FL	1.4 CITY-ST-ZIP	LEHIGH ACRES, FL 33936
TITLE	VPD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
NAME	TULLER, JAYNE	2.2 NAME	DEBORAH CIOLINO
STREET ADDRESS	305 E BOUGAINVILLEA RD	2.3 STREET ADDRESS	618 MOORE AVENUE
CITY-ST-ZIP	LEHIGH ACRES FL	2.4 CITY-ST-ZIP	LEHIGH ACRES, FL 33972
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
NAME	CARMAN, SALLY	3.2 NAME	CARMAN, SALLY
STREET ADDRESS	25 BURRSTONE AVE	3.3 STREET ADDRESS	282 JUSTICE CIRCLE
CITY-ST-ZIP	LEHIGH ACRES FL	3.4 CITY-ST-ZIP	LEHIGH ACRES, FL 33936
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 617, 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: SIGNATURE OF SALLY CARMAN 2-16-99 369-8807  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)