

FILE NOW: FILING FEE IS \$61.25

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**May 20 1997 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N50407 (8)

1. Corporation Name
KIDS BEATING CANCER, INC.



Principal Place of Business 455 DOUGLAS AVE #2655 ALTAMONTE SPRINGS FL 32714	Mailing Address 455 DOUGLAS AVE #2655 ALTAMONTE SPRINGS FL 32714-2581
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3. Date Incorporated or Qualified 08/13/1992	3a. Date of Last Report 05/20/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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4. FEI Number NOT APPLICABLE	Applied For 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**VOIGHT-GUEDES, MARGARET
455 DOUGLAS AVE
SUITE 2655
ALTAMONTE SPRINGS FL 32714**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	HANLEY, MICHAEL
STREET ADDRESS	20 N ORANGE AVE STE 1300
CITY-ST-ZIP	ORLANDO FL
TITLE	T <input checked="" type="checkbox"/> DELETE
NAME	BELLAIRE, LYNNE
STREET ADDRESS	310 ANCHOR ROAD
CITY-ST-ZIP	CASSELBERRY FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	BEST, KAY
STREET ADDRESS	502-106 VIA DELL ORO
CITY-ST-ZIP	ALTAMONTE SPRINGS FL
TITLE	DP <input type="checkbox"/> DELETE
NAME	VOIGHT, MARGARET
STREET ADDRESS	627 PRAIRIE LANE
CITY-ST-ZIP	ALTAMONTE SPRINGS FL
TITLE	D <input type="checkbox"/> DELETE
NAME	GUEDES, BEN M
STREET ADDRESS	615 E. PRINCETON STREET, SUITE 540
CITY-ST-ZIP	ORLANDO FL
TITLE	<input type="checkbox"/> DELETE
NAME	ROBINSON, MD, DAVID
STREET ADDRESS	2501 N. ORANGE AVE. STE. 510
CITY-ST-ZIP	ORLANDO, FL 32804

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	T <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	SHEPPARD, CLIFFORD
2.3 STREET ADDRESS	221 NE IVANHOE BLVD STE. 205
2.4 CITY-ST-ZIP	ORLANDO, FL 32804
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	D ROBINSON, MD, DAVID
6.3 STREET ADDRESS	2501 N. ORANGE AVE. STE. 510
6.4 CITY-ST-ZIP	ORLANDO, FL 32804

14. I do 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.

SIGNATURE: *Margaret Voight Guedes* 5-9-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CFR2037 (9/96)