FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996

DIVISION OF CORPORATIONS

DOCUMENT # N9500005454 ((2)	
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1. Corporatio	n Name	00000404 (2	- /				
KIDS I	IN DANGER OF SEXPLOI	TATION CORP.					
,				11001114	J e re l e ren enny bank bank	. 46 111 86 111 8111 1 8 111	OR BOND BURG IN BU
Principal Place	e of Business	Mailing Address					
		Malling Address		1,00	· 4·4 16·6· 6···· 26/1/ 46/1/		(0) D)(() BYB(0 E+
1073 S HIAY ORLANDO F	VASSEE ROAD #1012	1073 S HIAWASSEE R	OAD #1012				
UNDUNDU P	L 32037	ORLANDO FL 32835					
					corated or Qualified	3a. Date of Last	Report
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Numbe	<u>6/1995</u>	1/1/	A
11		26		262-		. —	Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	-		· · · · · · · · · · · · · · · · · · ·	\$8.7	5 Additional
2		27		5. Certificate	of Status Desired	1 1 '	Required
City & State	е	City & State		6. Election Ca	ampaign Financing	S5.0	0 May Be
Zip	Country	28	T		Contribution		d to Fees
4	25	Zip 29	Country 30		ration has liability for in	ntangible tax under s D Yes D No	. 199.032,
.i.l	9, Name and Address of Cur		30	Florida Stat	Address of New Re		
			81 Name	M.	100		
UCC FIL	LING & SEARCH SERVICES, II	NC.	82 Street	Address (P.O. Box Nun		1 66075	
	ST PARK AVE.		or other	1073 %	Hiawasse	e (d. #	1012
STE. 20			83				
TALLAH	ASSEE FL 32302		84 City	<i>a</i> n 1		 85 Z	n Code
44 5				Octomo.		FL 🖺 🕏	p Code 2835
11. Pursuant or register	to the provisions of Sections 617.05 red agent, or both, in the shate of the the althought he obligations of S	502 and 617.1508, Florida Statut Iorida Such change was authoriz	es, the above named or ed by the corporation's	orporation submits this : board of directors. The	statement for the purp	pose of changing its i	registered office
familiar wi	ith and accept the obligations of S	ection 617.0503, Florida Statutes	W/1 10	$\sim 1/$	<i>n</i>	Flaton	agont rant
SIGNATURE	Signature, typed or printed name of registered as	1. ///10/10/	OTE: Fleg stered Agent signature	JIBBINS,	res. c	2/10/96	
12.		AND DIRECTORS	13.		CHANGES TO OFFI	CERS AND DIRECTO	DRS IN 19
TITLE	PD	DELETE	1.1 TITLE	I	0.0000000000000000000000000000000000000	Change	Addition
NAME	GIBBONS, MICHAEL R		1 2 NAME				
STREET ADDRESS	1073 S HIAWASSEE ROAD	#1012	1.3 STREET ADDRESS				
CITY-ST-ZIP	ORLANDO FL 32835		14 CITY - ST - ZIP				
TITLE	VD	DELETE	2 1 TITLE			Change	Addition
name Street address	BRAY, RENE	437	2 2 NAME	2274 T	coin Dr		
CITY-ST-ZIP	2821 CHARING CROSS W	AY	2 3 STREET ADDRESS	2324 TU Sene 25 MF	1711 - 11		
TITLE	ORLANDO FL 32837 SD	DELETE	2 4 CITY - ST - ZIP 3 1 TITLE	>2.ne 3> 5/r		Change	Addition
NAME	GAMBONE, SANDY	-	3.2 NAME			□ Outsign	Mag-rion
STREET ADDRESS	35 SKYLINE DR		3 3 STREET ADDRESS				
CITY-ST-ZIP	LAKE MARY FL 32746		3 4 CITY-ST-ZIP				
TITLE		DELETE	4.1 TITLE			☐ Change	Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
DITY-ST-ZIP TITLE		DELETE	4.4 CITY - ST - ZIP		·		—
NAME		Deceie	5 1 TITLE			☐ Change	☐ Addition
STREET ADDRESS			5.2 NAME 5.3 STREET ADDRESS	1			
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		[_]DELETE	61 TITLE			Change	Addition
NAME			62 NAME			3 -	_ ·
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			6 4 CITY - ST - ZIP				
	y certify that the information supplied the information indicated on this are						
oath, that	I am an officer or director of the con Block 12 or Block 13 if thanged	poration or the receiver or truster	e empowered to execut	e this report as required	by Chapter 617, Flor	rida Statutes; and the	at my name
	OYK	1/1/1/19	aut 1	Ron	-1. L	1 /-1	
SIGNAT		KN. DUL	Michzel	11. (716/20	s -5//0/9	C (407/8	43-4600
	SIGNATURE AND TYPED	OR PRINTED NAME OF SIGNING OFFICE	R OR DIRECTOR		Date	Daytime Phone	