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

NON PROFIL SCORP ORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE.

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

1995000000077 (5)

KINDNESS INTERNATIONAL, INC.

N960000009999

FILED May 01 1996 8:00 am Secretary of State



Principal Place	of Business	Mailing Address					
10100 W. S	AMPLE ROAD	10100 W. SAMPLE R	OAD				
#103		#103					
CORAL SPRINGS FL 33066		CORAL SPRINGS FL 33066		Balling			
					3. Date incorporated or Qualified 08/25/1995	la. Date of Last Report	
2. Principal Pla	ice of Business	2a. Mailing Address			4. FEI Number	Applied For	
21		26				Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	in the state of th		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State	City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28	·		Trust Fund Contribution	Added to Fees	
Zip 24	Country 25	Zip 29	Zip Country		8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes W No		
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered Agent		
			81	Name			
THOMPSON, DANETTE				Street Address (P.O. Box Number is Not Acceptable)			
10100 W. SAMPLE ROAD			82	Street	Address (F.O. Box Number is Not Acceptable)		
#103			83				
CORAL		84	<u> </u>				
			04	City		FL 85 Zip Code	
11. Pursuant to	the provisions of Sections 607.0502 a	ind 607.1508, Florida Statute	es, the above r	amed co	orporation submits this statement for the purpos	se of changing its registered office	
Ox 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.							
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature req						DATE	
12.	OFFICERS AND DIRECTORS 13.		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELFTE	1.1 TITLE		Hanson Danell	Change Addition	
NAME.	THOMPSON, DENETTE				thompson, Danette normalist 1		
STREET ADDRESS	6624 N.W. 48TH LANOR						
CITY-ST-ZIP			1.4 C·TY - S	T - Z IP	Coral Springs F		
TITLE	D DELETE		2 1 TITLE	2 1 TITLE Change Addi		Change Addition	
NAME	THOMPSON, CHALES F III		2.2 NAME				
STREET ADDRESS	6624 N.W. 48TH LANOR		2 3 STREET ADDRESS		manor		
CITY-ST-ZIP	CORAL SPRINGS FL 33067		2 4 CITY - ST - ZIP				
TITLE	D	DELETE	3.1 TITLE			☐ Change ☐ Addition	
NAME	MEARS, PHYLLIS		3.2 NAME				
STREET ADDRESS	10744 N.W. 8TH COURT		3.3 STREET	ADDRESS			
CITY-ST-ZIP	CORAL SPRINGS FL 33071		3.4 CITY - S	I-7(P			
TALE		DELFTE	4. 1 TITLE			☐ Change ☐ Addition	
NAME			4.2 NAME				
STREET ADDRESS			4.3 \$TREFT	ADDRESS	00000404	•	
CITY-ST-ZIP			4.4 CITY - S	T-ZIP	000001811950 -05/07/96-01143-0170(10) (Z) Addition		
TITLE	DELETE 5.1		5. 1 TITLE		***61.25	Chinga Addition	
NAMS			5.2 NAME		rerul.23	· / / /	
STREET ADDRESS	RESS 5.35		5.3 STREET	ADDRESS		~ 10°	
CITY - ST - ZIP	· · · · · · · · · · · · · · · · · · ·		5.4 CITY-S	T-71P	Υ.	U 1 1	
ŦITLE	DELETE 6.1 TI		6. 1 TITLE			Change Addition	
NAME			6 2 NAME			-	
STREET ADDRESS			6.3 STREET	ADDRESS			
CITY-ST-ZIP 640 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and			64 CHTY - S	I - ZIP			
14. I do hereby	certify that the information supplied wit	In this filing is voluntarily furni	ished and does	not qua	lify 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 of 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 altaciment with an address.

SIGNATURE:

JOHNSON SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR