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Jun 16 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000003802 (3)**

1. Corporation Name

KISS'S KIDS, INC.



Principal Place of Business 504 REO STREET 11450 GANDY BLVD TAMPA FL 33609 ST. PETERSBURG, FL 33702	Mailing Address 504 REO STREET 11450 GANDY BLVD. TAMPA FL 33609-1010 ST. PETERSBURG, FL 33702
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2. Principal Place of Business 21 11450 GANDY BLVD Suite, Apt. #, etc.	2a. Mailing Address 26 11450 GANDY BLVD. Suite, Apt. #, etc.
City & State 23 ST. PETERSBURG FL Zip Country 24 33702 25 PINELLAS	City & State 28 ST. PETERSBURG, FL Zip Country 29 33702 30 PINELLAS

3. Date Incorporated or Qualified 07/18/1996	3a. Date of Last Report
4. FEI Number 59-3394180	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 checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BARNHILL, LINDA
504 REO STREET
TAMPA FL 33609

81 Name DAN REYNOLDS
82 Street Address (P.O. Box Number is Not Acceptable) 11450 GANDY BLVD.
83
84 City ST. PETERSBURG
85 Zip Code FL 33702

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  **SECRETARY/TREASURER DAN REYNOLDS** **4/30/97**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KAYE, MARC S		1.2 NAME STEVE MAULDEN	
STREET ADDRESS 504 REO STREET		1.3 STREET ADDRESS 11450 GANDY BLVD	
CITY-ST-ZIP TAMPA FL 33609		1.4 CITY-ST-ZIP ST. PETERSBURG, FL 33702	
TITLE VPD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE VICE-PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MCCLATCHY, DONNA		2.2 NAME BARBARA SOBOCINSKI	
STREET ADDRESS 504 REO STREET		2.3 STREET ADDRESS 11450 GANDY BLVD.	
CITY-ST-ZIP TAMPA FL 33609		2.4 CITY-ST-ZIP ST. PETERSBURG, FL 33702	
TITLE STD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BARNHILL, LINDA		3.2 NAME DAN REYNOLDS	
STREET ADDRESS 504 REO STREET		3.3 STREET ADDRESS 11450 GANDY BLVD.	
CITY-ST-ZIP TAMPA FL 33609		3.4 CITY-ST-ZIP ST. PETERSBURG, FL 33702	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE DIRECTOR	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME JULIE WILLIAMSON	
STREET ADDRESS		4.3 STREET ADDRESS 11450 GANDY BLVD.	
CITY-ST-ZIP		4.4 CITY-ST-ZIP ST. PETERSBURG, FL 33702	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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  **DAN REYNOLDS**

CR2E037 (9/96)