## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1998



Sandra B. Mortham

**FILED** 

Feb 18 1998 8:00am

Secretary of State

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813.577.8427

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT #**1. Corporation Name

N96000003802 (3)

KISS'S KIDS, INC.

SIGNATURE:

| Principal Place of Business Mailing Address |   |   |                                  |   |  |  |  |
|---|---|---|----------------------------------|---|--|--|--|
| 11450 GANDY I                               |   | 11450 GANDY BLVD.<br>ST PETERSBURG FL 33702<br>US                                     |                                  |   |  | 3. Date Incorporated or Qualified  |  |
| St Petersbur<br>  US                        | IG FL 33702   |   |                                  |   |  | 07/18/1996   |  |
| US  |   |   |                                  |   |  | 4. FEI Number Applied For  |  |
|   |   |   |                                  |   |  | <b>59-3394180</b> Not Applicable   |  |
| 2. Principal P                              | Pace of Business  | 2a. Mailing Address 26  |                                  |   |  | 5. Certificate of Status Desired \$8.75 Additional Fee Required  |  |
| Suite, Apt                                  | #, etc.   | Suite, Apt. W. etc.   |                                  |   |  | Election Campaign Financing \$5.00 May Be  |  |
| 22  |   | 27  |                                  |   |  | Trust Fund Contribution Added to Fees  |  |
| City & State                                |   | City & State  |                                  |   | 7. Is this nonprofit corporation a homeowners association?  Yes Mo |  |  |
| Zip   | Country   | Zφ  | Country                          |   |  | 8. This corporation owes or has paid the current year Intangible   |  |
| 24  | 25<br>9. Name and Address of Currer   | 29  | 30                               | г   | -  | Personal Property Tax due June 30.  Yes No  10. Name and Address of New Registered Agent   |  |
|   | y. Name and Address of Curren   | it Neglistelen Agent  |                                  | 61)   | Name   | 10. Harris and Address of How Hegistered Agent   |  |
| DEVNO                                       | DC DAN  |   |                                  |   |  |  |  |
| REYNOLDS, DAN<br>11450 GANDY BLVD.          |   |   |                                  | 82 Street Address (P.O. Box Number is Not Acceptable) |  |  |  |
|   | RSBURG FL 33702   |   |                                  | 83  |  |  |  |
| 31 1 1 1                                    | nobond i E 33/02  |   |                                  |   |  |  |  |
|   |   |   |                                  | 84  | City   | FL 85 Zip Code   |  |
| 11. Pursuant                                | to the provisions of Sections 617.050   | 2 and 617.1508, Florida S   | itatutes, the al                 | pove  | -named   | corporation submits this statement for the purpose of changing its registered  |  |
| office or r                                 | egistered agent, or both, in the State<br>im familiar with, and accept the oblig  | of Florida, Such change v   | was authorized                   | of this   | the corn   | oration's board of directors. I hereby accept the appointment as registered  |  |
| _   | Transaction, and accept the camp  | anona or, occitor o 17.000  | o, i foncia otat                 | utos  |  |  |  |
| SIGNATURE                                   | Signature, typed or printed name of registeriid age   | ent and title # applicable  | (NOTE Registered                 | d Age   | nt signature   | required when reinstating) DATE  |  |
| 12.   |   | O DIRECTORS   | 13.                              |   |  | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  |  |
| TITLE                                       | PD  | ☐ DELETE  | 1.1 TI                           | TLE   |  | ☐ Change ☐ Addition  |  |
| NAME  | MAULDIN, STEVE  |   | 1.2 NA                           | AME   | ļ  |  |  |
| STREET ADDRESS                              | 11450 GANDY BLVD.   |   | 1.3 ST                           | THEET.  | address (  |  |  |
| CITY-ST-ZIP                                 | ST. PETERSBURG FL   |   | 1,4 01                           |   | T-ZIP  |  |  |
| TITLE                                       | VPD   | ☐ DELETE  |                                  |   |  | Change Addition  |  |
| NAME  | SOBOCINSKI, BARBARA   |   | 2.2 NA                           | AME   |  |  |  |
| STREET ADDRESS                              | 11450 GANDY BLVD.   |   | 2.3 ST                           | reet.   | ADDRESS  |  |  |
| CITY-ST-ZIP                                 | ST. PETERSBURG FL   |   | 2 4 0                            |   | T-ZIP  |  |  |
| TITLE                                       | STD   | ☐ DELETE  |                                  | _   | }  | Change Addition  |  |
| NAME  | REYNOLDS, DAN   |   | 3.2 NA                           |   | . 1  |  |  |
| STREET ADDRESS                              | 11450 GANDY BLVD.   |   |                                  |   | address  |  |  |
| CITY-ST-ZIP                                 | ST PETERSBURG FL  | DELETE  | 3.4. CI                          |   | T-ZIP  | Change Addition  |  |
| TITLE                                       | D NAME ( AAAROOM) ALAIGE  | DELETE  | 1                                |   | }  |  |  |
| NAME  | WILLIAMSON, JULIE<br>11450 GANDY BLVD.  |   | 4. 2 N                           |   |  | Ellen P. Lasher<br>11450 Gamiy Blu   |  |
| STREET ADDRESS                              | ST. PETERSBURG FL   |   |                                  |   | ADDRESS  | st. Petribum. FL 33702   |  |
| CITY-ST-ZIP<br>TITLE                        | SI. PETENSBUNG FL   | DELETE  | 4.4 Cl                           |   | 1-211  | St. Pethiburg FL 33702 Change Addition   |  |
| NAME  |   | L.J OLLLIC  | 5.2 NA                           |   | l  | - Constitution - Constitution  |  |
|   |   |   |                                  |   | ADDDECC  |  |  |
| STREET ADDRESS                              |   |   | 5.4 CI                           |   | ADDRESS  |  |  |
| CITY-ST-ZIP<br>TITLE                        |   | DELETE  |                                  |   | · ZIF  | ☐ Change ☐ Addition  |  |
| NAME  |   | <b>—</b>  | 6.2 NA                           |   |  | - · -  |  |
| STREET ADDRESS                              |   |   |                                  |   | ADORESS  |  |  |
| CITY-ST-ZIP                                 |   |   | 64 CI                            |   | 1  |  |  |
| 44  | certify that the information supplied w   | ith this filing does not qua  | 17. 7. 41                        |   |  | d in Section 119.07(3)(i), Florida Statutes. I further certify that the information  |  |
| indicatéd<br>officer or<br>Block 12 (       | on this annual report or supplementa<br>director of the corporation or the rect<br>or Block 13 if stranged, or on an atte | if annual report is true and<br>aiver or trustee empowerer<br>chromt with an address. | l accurate and<br>d to execute t | d tha<br>his r  | it my sigr<br>eport as   | d in Section 119.07(3)(1), Florida Statules. I further certify that the information<br>hature shall have the same legal effect as if made under oath; that I am an<br>required by Chapter 617, Florida Statules; and that my name appears in |  |

DAN REYMOURS