

FILED
Aug 03, 1999 8:00 am
Secretary of State

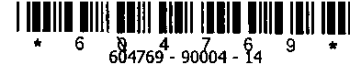
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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N98000001520

1. Corporation Name
KIDSANCTUARY, INC.

Principal Place of Business 6465 183RD TRAIL NORTH LOXAHATCHEE FL 33470	Mailing Address 6465 183RD TRAIL NORTH LOXAHATCHEE FL 33470
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 03/16/1998
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 65-0821321
22 City & State	27 City & State	Applied For Not Applicable
23 Zip	28 Zip	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
24 Country	29 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
BUSINESS FILINGS, INC. 1188 OCEAN SHORE BLVD. SUITE 195 ORMOND BEACH FL 32176		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	FL 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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE President	<input checked="" type="checkbox"/> DELETE	1.1 TITLE CO EXEC DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME NANCY BAILEY		1.2 NAME SANDRA BROWN	
STREET ADDRESS 903 LANDINGS BLVD		1.3 STREET ADDRESS 6684 Country Place Rd.	
CITY-ST-ZIP W. PALM Beach 33413		1.4 CITY-ST-ZIP WEST PALM-	
TITLE Director of operations	<input type="checkbox"/> DELETE	2.1 TITLE President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DAUN AMORA		2.2 NAME DORIS MARX	
STREET ADDRESS 6465 183rd Tr. N.		2.3 STREET ADDRESS 1507 FAIRVIEW VILLAS DR.	
CITY-ST-ZIP Loxahatchee, FL 33470		2.4 CITY-ST-ZIP WEST PALM Beach 33406	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE VP Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME AIDIN MANN	
STREET ADDRESS		3.3 STREET ADDRESS 3264 Cove Rd	
CITY-ST-ZIP		3.4 CITY-ST-ZIP Tequesta FL 33469	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE SANDY THOMAS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME SECRETARY	
STREET ADDRESS		4.3 STREET ADDRESS 98 LAKE DRIVE	
CITY-ST-ZIP		4.4 CITY-ST-ZIP PALM BEACH SHORES FL	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE DIR.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME MARY FAYE WEEKS STAGGS	
STREET ADDRESS		5.3 STREET ADDRESS 10151 DOLWOOD AVE	
CITY-ST-ZIP		5.4 CITY-ST-ZIP PALM BEACH GARDENS FL 33	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE JOAN VOLO	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS 500 Croming Ave	
CITY-ST-ZIP		6.4 CITY-ST-ZIP Green Acres FL 33463	

14. I 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, with all other like empowered.

SIGNATURE: DAUN AMORA **REQUIRED** 7-14-99 811 753-2226

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