

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 26, 1999 8:00 am
Secretary of State

02-26-1999 90012 035 ****70.00

0036567

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N98000003808

1. Corporation Name

KIDS IN DISTRESS FOUNDATION, INC.

Principal Place of Business
819 NE 26TH ST
FT LAUDERDALE FL 33305

Mailing Address
819 NE 26TH ST
FT LAUDERDALE FL 33305



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified
06/30/1998

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

Applied For
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TOMCZYK, THOMAS J
819 NE 26TH ST
FT LAUDERDALE FL 33305

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE TD
NAME THOMPSON, JEFF
STREET ADDRESS 2611 E. OAKLAND PARK BLVD
CITY-ST-ZIP FT. LAUDERDALE, FL 33306

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE CD
NAME ALANTINTER
STREET ADDRESS 3303 W. COMMERCIAL BLVD STE 201
CITY-ST-ZIP FT LAUDERDALE FL 33309

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE VD
NAME WEINBERG, MICHAEL
STREET ADDRESS 2430 W OAKLAND PARK BLVD
CITY-ST-ZIP FT LAUDERDALE FL 33311

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE SD
NAME HIRSHBERG, EDWARD
STREET ADDRESS 3101 N. FEDERAL HWY STE 700
CITY-ST-ZIP FT LAUDERDALE FL 33306

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE CD/PO
NAME THOMAS TOMCZYK
STREET ADDRESS 819 NE 26 ST ST
CITY-ST-ZIP WILTON MANORS FL 33305

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE VD
NAME SHEFFIELD, LEE
STREET ADDRESS ONE N. UNIVERSITY DR
CITY-ST-ZIP PLANTATION, FL 33324

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE REQUIRED

1/25/99

Date

Daytime Phone #

CR2E037 (1/98)