

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN -1 11:00

DOCUMENT # **P92000009872 (2)**

1. Corporation Name:

KIPP PHOTOGRAPHY INC.

Principal Place of Business

**3009 FRANK SHORE COURT
HOLLYWOOD FL 33024**

Mailing Address

**3009 FRANK SHORE COURT
HOLLYWOOD FL 33024**

(DO NOT WRITE IN THIS SPACE)

3. Date Incorporated or Qualified **12/04/1992** 3a. Date of Last Report **05/01/1994**

4. FEI Number **65-0379511** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

9. This corporation has liability for estimated tax under S. 190.017 Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22 City & State

23

24 Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27 City & State

28

29 Country

9. Name and Address of Current Registered Agent

**KIPPENBERGER, ROBERT
3009 FRANK SHORE COURT
HOLLYWOOD FL 33024**

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Robert P. Kippenberger

By: _____

12. OFFICERS AND DIRECTORS

101

**D
KIPPENBERGER, ROBERT
3009 FRANK SHORE COURT
HOLLYWOOD FL 33024**

102

NAME

STREET ADDRESS

CITY, ST, ZIP

103

NAME

STREET ADDRESS

CITY, ST, ZIP

104

NAME

STREET ADDRESS

CITY, ST, ZIP

105

NAME

STREET ADDRESS

CITY, ST, ZIP

106

NAME

STREET ADDRESS

CITY, ST, ZIP

107

NAME

STREET ADDRESS

CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 NAME

12 NAME

13 STREET ADDRESS

14 CITY, ST, ZIP

15 NAME

16 NAME

17 STREET ADDRESS

18 CITY, ST, ZIP

19 NAME

20 NAME

21 STREET ADDRESS

22 CITY, ST, ZIP

23 NAME

24 NAME

25 STREET ADDRESS

26 CITY, ST, ZIP

27 NAME

28 NAME

29 STREET ADDRESS

30 CITY, ST, ZIP

31 NAME

32 NAME

33 STREET ADDRESS

34 CITY, ST, ZIP

35 NAME

36 NAME

37 STREET ADDRESS

38 CITY, ST, ZIP

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 190.02(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. I am an officer or director of the corporation or 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 attachment with an address.

SIGNATURE:

Robert P. Kippenberger
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/29/95 (305) 964-4987

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CORPORATION
ANNUAL REPORT

1995 ⁶⁻¹⁻⁹⁵



FLORIDA DEPARTMENT OF STATE

Andrea B. Mantham

Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE

DOCUMENT # P92000009884 (7)

1. Corporation Name

PLAY & LEARN, INC.

Principal Place of Business

**1221 BIRD ROAD
CORAL GABLES FL 33146**

Mailing Address

**1221 BIRD ROAD
CORAL GABLES FL 33146**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/07/1992

3a. Date of Last Report

02/03/1994

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**BADIA, ARNHILDA
1221 BIRD ROAD
CORAL GABLES FL 33146**

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

(Signatures of officers, directors, and registered agents must be typed on this form. If the corporation is a foreign corporation, the signature of the registered agent must be typed on this form.)

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

**PTS
BADIA, ARNHILDA
1221 BIRD ROAD
CORAL GABLES FL 33146**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY, ST, ZIP

☐ Change ☐ Addition

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY, ST, ZIP

☐ Change ☐ Addition

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY, ST, ZIP

☐ Change ☐ Addition

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY, ST, ZIP

☐ Change ☐ Addition

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY, ST, ZIP

☐ Change ☐ Addition

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY, ST, ZIP

☐ Change ☐ Addition

14. I declare under penalty of perjury that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 319.07(3)(b), Florida Statutes. Further, I certify that the information included 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. But I am an officer or director of this corporation or the receiver or trustee empowered to execute this report as required by Chapter 437, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or as an attachment with an address.

SIGNATURE:

Arnhilda Badia

NAME AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/1/95

305-661-0208