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

PROFIT CORPORATION " ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # 1. Corporation Name

P93000010389 (3)

CINDY'S KIDS, INC.

Principal Place	of Business		{					
Mailing Addres 315 ALAFAYA WOODS BLVD OVIEDO FL 32765 US Mailing Addres Mailing Addres OVIEDO FL US US			DS BLVD					
				 Date Incorporated or Qualified 02/03/1993 	3a. Date of Last Report 04/28/1995			
_2. Principal PI 21	ace of Business	28. Mailing Address		4. FEI Number	Applied For			
Suite, Apl.	# etc	Suite, Apt. #, etc.	 	59-3168838	Not Applicable			
City & State		27		5. Certificate of Status Desired	\$8.75 Additional Fee Required			
23		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zip 14	Country 25	Zip 29	Country 30	8. This corporation has liability for in Florida Statutes Yes				
	9. Name and Address of Current	Registered Agent		10. Name and Address of New R	egistered Agent			
LONGV 11. Pursuant tor registers familiar with SIGNATURE	AGNOLIA LAKE DR. NOOD FL 32779 o the provisions of Sections 607.0502 and agent, or both, in the State of Florids h, and accept the obligations of, Section Signature, typed or printed name of registered agent a	n 607.0505, Florida Statutes	es, the above named cored by the corporation's less.	TEP SPRINGS reporation submits this statement for the purpoper of directors. Thereby accept the appointment of the proposed of directors.	FL 85 Zip Code 32-708 pose of changing its registered officinitment as registered agent. I am			
12.	OFFICERS AND		OTE: Registered Agent signature rec	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
THLE	P	☐ DELETE	1. 1711LE	ADDITIONS/CHANGES TO OFFIC				
NAME STREET ADDRESS COY-ST-ZIP	ZIMMERMAN, CINDY T 727 BEAR CREEK CIRCLE WINTER SPRINGS FL	- Detection		ZIMMERMANN, CINDY T				
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NAME	ZIMMERMAN, PETER W	-	2.2 NAME					
STREET ADDRESS	727 BEAR CREEK CIRCLE		23 STREET ADDRESS	ZIMMERMANN, PE	rea w			
CITY-ST-ZIP	WINTER SPRING FL		24 CITY - ST - ZIP					
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ITLE		☐ DELETE	4. 1 TITLE		Change Addition			
IAME			4.2 NAME					
STREET ADDRESS			22 STREET ADDRESS					

6 4 CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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; that 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.

43 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

54 CITY - ST - ZIP

4.4 CITY-ST-ZIP

5 1 TITLE

5.2 NAME

6 1 TITLE

6.2 NAME

DELETE

DELETE

SIGNATURE: War W. Zymmumarm SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CITY-ST-ZIF

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

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Change

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Page 193

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Cindy's Kids, Inc.



April 23, 1996

Ms. Sandra B. Mortham Secretary of State Division of Corporations P.O. Box 1500 Tallahassee, FL 32302-1500

Dear Ms. Mortham:

In our 1995 Corporation Annual Report, we requested that the mailing address for our corporation's registered agent be changed and that the spelling of two of our corporate officers' names be corrected. These changes were not made by your staff. As a result, mail regarding legal matters was sent to our registered agent's old address and was delayed in being delivered. A copy of our 1995 Corporation Annual Report is attached for your information.

We request that the changes indicated in our 1996 Corporation Annual Report be made to correct this situation and that your staff contact us to confirm that these changes have been made.

Thank you for your attention to this matter.

Sincerely,

Peter Zimmermann

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24	9. Name and Address o		d Agent	1301				and Address		gistered	Agent	
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or registor	o the provisions of Sections 6 ed agont, or both, in the State h, and accept the obligations	a of Florida, Such cha	mge was authoriz	ea by the c		ad aamar	allon auturalia	thic elalament	for the night	iose of che intment as	anging its reg registered ap	isterect office gent. Lam
SIGNATURE .				NE Davidana	Annut alm	orbina staniate	when reinstating			DATE		
12.	Signature, hyped or printed name of regr OFFIC	ERS AND DIRECTOR		13,	Agent ad	ditto inchaso		ONS/CHANGE	S TO OFFIC		DIRECTORS	
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14. I do hereby certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 1.19.07(3)(k). Floride 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 607. Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment with an ackines.