

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000016301 (2)

1. Corporation Name

KOOL KIDS, INC.



Principal Place of Business

1008 GOODLETTE ROAD, NORTH
SUITE 100
NAPLES FL 33940
US

Mailing Address

1008 GOODLETTE ROAD, NORTH
SUITE 100
NAPLES FL 33940
US

3. Date Incorporated or Qualified
02/26/1993

3a. Date of Last Report
01/30/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LILE, LAIRD A
3033 RIVERA DR.
SUITE 106
NAPLES FL 33940

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 607.1506, 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

Signature of Registered Agent (must be typed and signed by the agent)

Signature of Registered Agent (must be typed and signed by the agent)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

D
VILLACAMPA, DULCE M
1008 GOODLETTE ROAD, NORTH, SUITE 100
NAPLES FL

DELETE

DELETE

DELETE

DELETE

DELETE

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE
12. NAME
13. STREET ADDRESS
14. CITY, ST, ZIP
2. TITLE
22. NAME
23. STREET ADDRESS
24. CITY, ST, ZIP
3. TITLE
32. NAME
33. STREET ADDRESS
34. CITY, ST, ZIP
4. TITLE
42. NAME
43. STREET ADDRESS
44. CITY, ST, ZIP
5. TITLE
52. NAME
53. STREET ADDRESS
54. CITY, ST, ZIP
6. TITLE
62. NAME
63. STREET ADDRESS
64. CITY, ST, ZIP

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/96

Date

Digitized by: [illegible]

CR2E034 (12/95)