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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000027699 (6)

STARTER KIDS, INC.

Andrew State of the control of the c

FILED Mar 18 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 8105A OAKTON CT. 8105A OAKTON CT. WEST PALM BEACH FL 33406 WEST PALM BEACH FL 33406 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 04/13/1993 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 65-0412246 21 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 8, Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Country Zip  $Z_{\rm ID}$ 8. This corporation owes or has paid the current year intangible Yes Personal Property Tax due June 30. 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name HANLON, M T 321 ROYAL POINCIANA PLAZA Street Address (P.O. Box Number is Not Acceptable) 82 PALM BEACH FL 33480 83 84 Zip Code City 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. Lam femiliar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typod or protect name of registeroit agent and title if applicable (NOTE Registered Agent signature required when rainstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE ☐ AddItion Change TATLE 1 1 TITLE JACOBS, MARY 1.2 NAME NAME 8105A OAKTON CR. 1.3 STREET ADDRESS STREET ADDRESS WEST PALM BEACH FL 33406 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE **BRONSTEIN, JIM** 2.2 NAME NAME 12891 MARSH POINTE WAY 2.3 STREET ADDRESS STREET ADDRESS PALM BEACH GARDENS FL 33418 CITY-ST-ZIP 2.4 CITY - ST - ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP Addition TITLE DELETE 4.1 TITLE Change NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-57-21P DELETE Addition TITLE 5.1 TITLE NAME 5.2 NAME **5 3 STREET ADORESS** STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 6.1 TITLE ☐ Change Addition MALIF 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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 armual 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:

Mary Jacobs

3/10/98

R2F034 (10/97