## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

**FILED** 

Apr 13 1998 8:00am

Secretary of State

Addition

- I MARINAAN NIN TAHAA ININ BANN AANN AANN BANDE ININ BUUR ANDE HEIDE ARIN ARIN AND A

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P93000034963 (7)

KIDS 'N CRAFTS, INC.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Disabel Olean of During	B B C Str. or A Alabama	<del> </del>		
Principal Place of Business Mailing Address				
6528 STEEPLECHASE DRIVE 6528 STEEPLECHASE DF TAMPA FL 33625 TAMPA FL 33625		RIVE	DO NOT WRITE IN TI	HIS SPACE
			Date Incorporated or Qualified     05/14/1993	
2. Principal Place of Business	2a. Mailing Address		4, FEI Number	Applied For
21	26		59-3181722	Not Applicable
Suite, Apt #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State		<b>6.</b> Election Campaign Financing Trust Fund Contribution	<b>\$5.00</b> May Be Added to Fees
Zip Country	7φ <b>29</b>	Country 30	This corporation owes or has paid the Personal Property Tax due June 30.	current year Intangible  Yes No
9. Name and Address of Current R		. 1551	10. Name and Address of New Register	
SICILIANO, SANDRA L		B1 Name		
6528 STEEPLECHASE DRIVE		82 Street Add	62 Street Address (P.O. Box Number is Not Acceptable)	
TAMPA FL 33625			Tools (F. S. Box Hamber to Hot / toolsplasto)	
		63	· · · · · · · · · · · · · · · · · · ·	
		84 City	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 at	nd 607.1508, Florida Statu	ites, the above-named cor	poration submits this statement for the purpos	se of changing its registered
office or registered agent, or both, in the State of I agent. I am familiar with, and accept the obligation	Florida. Such change was ns of, Section 607.0505, F	authorized by the corpora lorida Statutes.	ition's board of directors. I hereby accept the	appointment as registered
SIGNATURE				an security of the second of t
Signature, typed or printed name of registered ago of a  OFFICE RS AND D	The state of the s	I. Registered Agent signature requi	ired where reinstating) DA  ADDITIONS/CHANGES TO OFFICERS	······································
THE D	DELETE	1.1 THILE	ADDITIONS/CHANGES TO CITTOENS	Change Addition
NAME SICILIANO, SANDRA L		1.2 NAME		
STREET ADDRESS 6528 STEEPLECHASE DR.		13 STREET ADDRESS		
CITY-ST-ZIP TAMPA FL 33625		1.4 C(TY-ST-ZIP		
TITLE D	DELETE	21 TITLE		Change Addition
NAME SICILIANO, RALPH J				C Change C Modition (
STREET ADDRESS 6528 STEEPLECHASE DR.		2 2 NAME	\$	_ ` _
CITY-ST-ZIP TAMPA FL 33625		2 2 NAME 2 3 STHEET ADDRESS	• •	- · - /
		2.3 STREET ADDRESS 2.4 City-St-7iP		
TITLE	DELETE	2 3 STHEET ADDRESS 2 4 CHY-SI-7IP 3 1 TIFLE		- · - /
NAME	DELETE	2 3 STREET ADDRESS 2 4 C(1Y-S1-7)P 31 TITLE 32 NAME		
NAME STREET ADDRESS	DELETE	2 3 STREET ADDRESS 2 4 City-St-7iP 31 Title 3 2 Name 3 3 STREET ADDRESS		
NAME STREET ADDRESS CITY-ST-ZIP		2 3 STREET ADDRESS 2 4 C(1Y-S1-7)P 31 TITLE 32 NAME 3 3 STREET ADDRESS 3.4 C(TY-S1-2)P		☐ Change ☐ Addition
NAME STREET ADORESS CITY-ST-ZIP TILE	DELETE	2 3 STREET ADDRESS 2 4 City-St-7iP 31 Title 32 NAME 3 3 STREET ADDRESS 3.4 City-St-2iP 4 1 Title		
NAME STREET ADDRESS CITY-ST-ZIP TILE NAME		2 3 STREE1 ADDRESS 2 4 City-S1-7iP 3 1 Title 3 2 NAME 3 3 STREE1 ADDRESS 3.4 City-S1-2ip 4 1 Title 4.2 NAME		☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP TILLE NAME STREET ADDRESS		2 3 STREET ADDRESS 2 4 CITY - ST - 7IP 3 1 TITLE 3 2 NAME 3 3 STREET ADDRESS 3.4 CITY - ST - 2IP 4 1 TITLE 4.2 NAME 4.3 STREET ADDRESS		☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	DELETE	2 3 STREET ADDRESS 2 4 CITY - ST - ZIP 3 1 TITLE 3 2 NAME 3 3 STREET ADDRESS 3.4 CITY - ST - ZIP 4 1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP		Change Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		2 3 STREET ADDRESS 2 4 CITY-ST-7IP 3 1 TITLE 3 2 NAME 3 3 STREET ADDRESS 3.4 CITY-ST-2IP 4 1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-2IP 5 1 TITLE		☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	DELETE	2 3 STREET ADDRESS 2 4 CITY - ST - ZIP 3 1 TITLE 3 2 NAME 3 3 STREET ADDRESS 3.4 CITY - ST - ZIP 4 1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP		Change Addition

DELETE

61 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP 14. Thereby 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 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.