

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

**APPROVED
AND
FILED**

**CORPORATION
ANNUAL REPORT
1995**



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

95 APR 20 AM 9:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000073002 (6)

1. Corporation Name
KID'S NITE OUT, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
**4400 LIPTON CT
ORLANDO FL 32817** **4400 LIPTON CT
ORLANDO FL 32817**

3. Date Incorporated or Qualified 3a. Date of Last Report
10/15/1993 **04/25/1994**

2. Principal Place of Business 2a. Mailing Address
21 **1700 Woodbury Rd.** 26 **1700 Woodbury Rd.**

4. FEI Number Applied For
59-3235611 Not Applicable

22 **APT 1303** 27 **APT 1303**

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

23 **ORLANDO, FL** 28 **ORLANDO, FL**

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

24 **32828** 25 **USA** 29 **32828** 30 **USA**

6. This corporation has liability for intangible tax under S. 193.032,
Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**LENZ, STEVEN H
4400 LIPTON CT
ORLANDO FL 32817**

10. Name and Address of New Registered Agent
81 Name **LENZ, STEVEN H.**
82 Street Address (P.O. Box Number is Not Acceptable)
1700 WOODBURY RD.
83 **APT 1303**
84 City **ORLANDO** FL 85 Zip Code **32828**

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 *SDH* (**STEVE LENZ**) DATE **APRIL 17, 1995**

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	D LENZ, STEVEN H 4400 LIPTON CT ORLANDO FL 32817	D LENZ, STEVEN H. 4400 LIPTON CT 1700 WOODBURY RD. APT 1303 ORLANDO, FL 32828	
TITLE		2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2. NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 110.07(3)(b), 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: *SDH* (**STEVE LENZ**) DATE **APRIL 17, 1995** (407) 382-6614