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

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400001519 (5)

KIDS KORNER KONSIGNMENT, INC.

Principal	Place	e of Business		
			4 - 1 - 1	

6305 E 48 ST 5233 144 St. West

Mailing Address

P.O. BOX 92

FILED Apr 30 1997 8:00am Secretary of State



4/10/02

BRADENTON FL 84889- 34207 US		TALLAVAST FL 34270-0092 US							
		•				3. Date Incorporated or Qualified 01/01/1994	1	e of Last 1/1996	Report
	lace of Business	2a. Mailing Address				4. FEI Number		1	Applied For
81 <u>5233</u>		26				65-0458469			Vot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional Regulred
22 City & State	Α	City & State				6 Flatin Occasion Financia			··········
23 Brade	1 7-	28				6. Election Campaign Financing Trust Fund Contribution			May Be d to Fees
Zip	Country	Zip	T Co	untry		8. This corporation has liability for in			
24 3 X2	07 25 US	29	30	,		Florida Statutes		No	8. 199.002,
	9. Name and Address of Current			T		10. Name and Address of New Reg	A berefal	gent	
EGG	ERS, BRENDA			81	Name				
8323 COUNTRY PARK WAY				82 Street Add		ress (P.O. Box Number is Not Acceptable	e)	 	
	ASOTA FL 34243				Olioot / laat	is to the box hamber to her heropitals	~ <i>,</i>		
				83					
				84	City			DE 7.6	Code
				04	City		FL	85 Zip	, 0000
office or r	to the provisions of Sections 607,0502 registered agent, or both, in the State of the familiar with, and accept the obligation of the provision of the provisions of the provisions of the provisions of the provisions of Sections 607,0502 and the provisions 607,0502 and the provi	of Florida. Such change was	authorize	ed by	the corporat	ooration submits this statement for the pi tion's board of directors. I hereby accep	urpose of o	changing intment a	its registered is registered
	Signature, typed or printed name of registered agen	c and tille diapplicable. (NC		ed Age	nt signature requi	reo when reinstating)	DATE		
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICE			
TITLE	P	☐ DELETE	1,1 1				Ę	Change	Addition
NAME	EGGERS, BRENDA			IAME					
STREET ADDRESS	8323 COUNTRY PARK WAY		1,3 \$	TREET	ADDRESS				
CITY-ST-ZIP	SARASOTA FL	Drugge		HTY - S	1-ZIP		······	7.60	11100
TITLE		☐ DELETE	2.1 1				L	Change	Addition
NAME			2.21						
STREET ADDRESS			1		ADDRESS				
CITY-ST-ZIP TITLE		DELETE	2. 4 3.1 T	CITY - S	51 - ZIP	· · · · · · · · · · · · · · · · · · ·	····-	Change	Addition
NAME		L. Decere		IAME			·	Criange	[_] Addition
STREET ADDRESS					20100014				
					ADDRESS				ļ
CITY-ST-ZIP TITLE		☐ DELETE	4,1 1	CITY - S	11-71L		Г	Change	Addition
NAME		المعدد ال		NAME				+	
STREET ADORESS					ADORESS				
CITY-ST-ZIP				HTY-S					
TITLE		DELETE	5.1 7		1 69			Change	☐ Addition
NAME		_		IAME				a-	
STREET ADORESS					ADDRESS				ļ
CITY-ST-ZIP				HY-S					
TITLE		DELETE	6.1 7					Change	Addition
NAME				IAME			•	9-	
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP				HTY-S	j				
14. I do herel	by certify that the information supplied	with this filing does not qua	lify for the	exe	mption stated	d in Section 119.07(3)(i), Florida Statutes	. I further	certify tha	at the
informatio	on indicated on this annual report or st	upplemental annual report is Ne receiver or trustee empo	true and wered to	accu	irate and that	my signature shall have the same legal rt as required by Chapter 607, Florida St	effect as i	f made u	inder oath; that