FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 21 AM 9:18

DOCUMENT # P94000013679 (3)

1. Corporation Name
CAYLEX FOR KIDS CORPORATION

Principal Place of Business	Mailing Address
9707 WILD OAK DRIVE WINDERMERE FL 34786	9707 WILD OAK DRIVE WINDERMERE FL 34786

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/14/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 631 TRIUMPH COURT	26 631 TRIUMPH COURT
Suite, Apt. #, etc. 22 UNIT 2	Suite, Apt. #, etc. 27 UNIT 2
City & State 23 ORLANDO, FL	City & State 29 ORLANDO, FL
Zip / Country 24 32805 / 25	Zip / Country 29 32805 / 30

4. FEI Number: 59-3225793 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

JOHNSON, WADE F JR.
250 NORTH ORANGE AVE.
11TH FLOOR
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name: WADE JOHNSON JR.
82 Street Address (P.O. Box Number is Not Acceptable): 118 EAST JEFFERSON STREET
83
84 City: ORLANDO FL 85 Zip Code: 32801

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 _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when restating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	COLODNY, CRAIG	12 NAME	
STREET ADDRESS	9707 WILD OAK DR.	13 STREET ADDRESS	
CITY-ST-ZIP	WINDERMERE FL 34786	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	MATSUI, LINDA	22 NAME	
STREET ADDRESS	9707 WILD OAK DR.	23 STREET ADDRESS	
CITY-ST-ZIP	WINDERMERE FL 34786	24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is validly furnished and 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 above, or on an attachment with an address.

SIGNATURE: LINDA MATSUI 16-FEB-95 (407) 578-4720
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

0377063 CP