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 # P94000021605 (8)

PROTECT-A-KID PRODUCTS, INC.

Principal Place of Business Mailing Address									·· SUITE TINE!	******	·- =#1#1	#141 10 P		
2030 WEAVER PARK DR. N. CLEARWATER FL 34625 US				2030 WEAVER PARK DR N CLEARWATER FL 34625-2130 US										
US	v					3. Date Incorporated or Qualified 03/15/1994	3a. Date of Last Report 04/04/1996							
2. Principal P	lace of Busin	ess	<u> </u>	Mailing Ac	dress				4. FEI Number		1		plied For	
21			26	0 :: 4 :					59-3230308	.,			1 Applicable	
Suite, Apt. #, etc.				Suite, Apt. #, etc. 27					5. Certificate of Status Desired	\$8.75 Additional Fee Required				
City & State	e			City & Stai	te				6. Election Campaign Financing				May Be o Fees	
23		Country	28	7 _{in}		Cour	200		Trust Fund Contribution					
Zip	Country 25		29	Zip		30	ni y		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes					
24		and Address of Cu		stered Ager		1301			10. Name and Address of New R					
201							81	Name						
	DSCHLAG,					Ļ								
2030 WEAVER PARK DR N CLEARWATER FL 34625					•	[82	Street Addr	Street Address (P.O. Box Number is Not Acceptable)					
CLE	ANWAIEN	-L 34023				1	83							
											1			
							84	City		FL	85	Zip (Code	
agent. La SIGNATURE		th, and accept the ol							oration submits this statement for the ion's board of directors. I hereby acce red when reinstating)	DATE	<u>.</u>		,	
12.		OFFICERS	AND DIRE	CTORS		13.			ADDITIONS/CHANGES TO OFF	CERS ANI	DIRE.	CTOR	S IN 12	
TITLE	P				DELETE	1.1 TIT	LE				☐ CI	lange	Addition	
NAME		ILAG, PAUL				1.2 NA	ME	ŀ						
STREET ADDRESS	38611 TA					1.3 ST	REET	ADDRESS						
CITY - ST - 7IP	PALM HA	rbor Fl				1.4 01	Y-\$	T-ZIP	······································				1	
THE	V			Ш	DELETE	2.1 TIT	LE					range	Addition	
NAMÉ		ILAG, J EDWARD				2.2 NA	ME							
STREET ADDRESS		PAL LANDING BLY	D APT 51	17		2.3 ST	REET	ADDRESS						
City - St - ZiP	PALM HA	rbor Fl			· · · · · · · · · · · · · · · · · · ·			ST-ZIP						
TITLE				L	DELETE	3.1 T(T				. •	L CI	ange	Addition	
NAME						3.2 NA								
STREET ADDRESS								ADDRESS						
CHY-S!-ZIP					DE EXE	3.4. CI		ST-ZIP					Later	
THILE				L	DELETE	4.1 111						iatilje	Addition	
NAME						4. 2 N/								
STREET ADDRESS								ADDRESS						
CITY - ST - 7IP					DELETE	4.4 CI		ST-ZIP			C	hance	Addition	
TITLE				L	DELETE	51 [1]					LJ U	MII Y E	L AUGINON	
NAME						5.2 NA								
STREET ADDRESS								ADDRESS						
COY-SI-ZIF					DECEST:	5.4 CI	-	ST-ZIP			77.5	hanes	T Addition	
TITLE				L	DELETE	6.1 T()					☐ CI	MING	Addition	
NAME						6.2 NA								
STREET ADDRESS						6.3 ST	REET	ADDRESS						

14. I do 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 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.

Pres) Paul Goldschlag

FILED

Apr 07 1997 8:00am

Secretary of State

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