

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000025791 (2)

1. Corporation Name

KIDS KONVENTION + KORPORATE KIDS, INC.



Principal Place of Business

2580 BASS LAKE BLVD
SUITE 279
ORLANDO FL 32806
US

Mailing Address

4524 CURRY FORD RD
SUITE 279
ORLANDO FL 32812
US

3. Date Incorporated or Qualified
04/05/1994

3a. Date of Last Report
05/19/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

59-3234649

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

EKWURZEL, NITA
4524 CURRY FORD RD
SUITE 279
ORLANDO FL 32812

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Juanita O. Ekwurzel

Signature of registered or printed name of registered agent and then applicant.

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME EKWURZEL, NITA
STREET ADDRESS 2171 S CONWAY RD #1608
CITY-ST-ZIP ORLANDO FL 32812

TITLE VP ☐ DELETE
NAME EKWURZEL, AMY
STREET ADDRESS 2580 BASS LAKE BLVD
CITY-ST-ZIP ORLANDO FL

TITLE S ☐ DELETE
NAME DUQUID, CAROL
STREET ADDRESS 2633 SHEFFIELD AVE
CITY-ST-ZIP ORLANDO FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE EKWURZEL, NITA ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 2580 BASS LAKE BLVD
1.4 CITY-ST-ZIP ORLANDO, FL 32806

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE DUGUID, CAROL ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS 2633 SHEFFIELD AVE
3.4 CITY-ST-ZIP ORLANDO, FL 32806

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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 119.07(3)(k), 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:

Juanita O. Ekwurzel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1596

407-897-5437

CR2E034 (12/95)