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

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P94000035165 (7)

## **FILED** Feb 11 1998 8:00am Secretary of State

KIDDAN	NCE, INC.							
Principal Place of Business Mailing Address					·	i annianat ain anist mant Antia natia mata mata mata	1010) \$1101 11019 81	191 9111 1981
3303 BAHIA VISTA ST. 3303 BAHIA VISTA ST. SARASOTA FL 34237 SARASOTA FL 34237						DO NOT WRITE IN TH	DO NOT WRITE IN THIS SPACE	
					F	3. Date Incorporated or Qualified		
						05/10/1994		
	lace of Business	2a. Mailing Address	├─┐			4. FEI Number	<del></del>	pplied For
21	H Ala	Suite, Apt. #, etc.			65-0488992		ot Applicable Additional	
Sulte, Apt. #, etc.		27		1	5. Certificate of Status Desired		equired	
City & State		City & State			6. Election Campaign Financing	\$5.00	May Be	
23		28			Trust Fund Contribution		to Fees	
23 7 Zip 24	Country	Zip	Countr			B. This corporation owes or has paid the		
24	25 Name and Address of Curre		30			Personal Property Tax due June 30.  10. Name and Address of New Registere		J No
9, Name and Address of Current Registered Agent  15-15-15-15-15-15-15-15-15-15-15-15-15-1								
HENDRY, VIRGINIA 3303 BAHIA VISTA ST.				2 Ctroot	Addron	s (P.O. Box Number is Not Acceptable)		
	RASOTA FL 34237		8	Z Street	Addres	is (F.O. Box Number is not Acceptable)		
0/11/10/1/11/12/12/1			8	3				
			6	4 City			. 85 Zip	Code
						F		
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.								
agent. I a	m familiar with, and accept the obli	gations of, Section 607.0505, Flor	ida Statut	es.				
SIGNATURE	Signature, typed or printed name of registered a	igent and title if applicable (NOTE:	Registered A	gent signature	e required i	when re-instating) DATE		
12.		OFFICERS AND DIRECTORS 13.				ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTOR	
TITLE	DPTS	DELETE 1.1			ŀ		L. Change	Addition
NAME	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1.2 NAM		ŀ			
STREET ADDRESS	3303 Bahia vista st. Sarasota Fl. 34237		1.3 STREET ADDRESS		ŀ			
CITY-ST-ZIP TITLE			1.4 CITY		ļ <u>.</u>		Change	Addition
NAME			2.2 NAM				Lad onange	
STREET ADDRESS	3303 BAHIA VISTA ST.		2.3 STREET ADDRESS					
CITY-ST-ZIP	A1010074 FF 4444F			2. 4 CITY - ST - ZIP				
TITLE			3.1 TITLE				☐ Change	☐ Addition
NAME	3.21		3.2 NAMI					
STREET ADDRESS	. 33\$		3.3 STRE	et address				
CITY-ST-ZIP			3.4. CITY				- T-0:	
TITLE	_		4.1 TITLE				Change	☐ Addition
NAME			4. 2 NAM					
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP TITLE	<del></del>	☐ DELETE	4.4 CITY 5.1 TITLE		ļ		Change	Addition
NAME			5.2 NAMI		ļ			
STREET ADDRESS			li i	ET ADDRESS				
CITY-ST-ZIP			5.4 CITY		1			
TITLE		☐ DELETE	6.1 TITLE		1		<u>G</u> hange	Addition
NAME			6.2 NAMI			3000024291 -02/12/9801071	031	PE
STREET ADDRESS			6.3 STRE	ET ADDRESS		***150.00	Auction &	2.11
CITY-ST-ZIP			6.4 CITY	ST-ZIP		acaca Tomb Prop		

14. Thereby 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 air address.