

FILE NOW: FILING FEE AFTER MAY 1 IS \$25.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 AM 8:10

DOCUMENT # P94000035793 (6)

1. Corporation Name

KIKI'S OF DEL RAY BEACH, CORPORATION

Principal Place of Business

Mailing Address

3520 W. BROWARD BLVD. STE. 117
FORT LAUDERDALE FL

3520 W. BROWARD BLVD. STE. 117
FORT LAUDERDALE FL

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/11/1994

3A. Date of Last Report

1-1-95

4. FEI Number

65-0490534

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

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

22 1001 white Dr.

City & State

23 Delray Beach, FL

Zip

24 33483

Country

25 U.S.A.

Suite, Apt. #, etc.

27 1001 white Drive

City & State

28 Delray Beach, FL

Zip

29 33483

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

VILLACCI, JOSEPH J
3520 W. BROWARD BLVD. STE. 117
FORT LAUDERDALE FL

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

Signature: Typed or printed name of registered agent and title, if applicable

Signature: Registered Agent signature required when registering

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
D	CAVENAUGH, SILVANA	1001 WHITE DRIVE	DEL RAY BEACH FL 33483

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY, ST, ZIP	Change	Addition
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐

REMITTED BY MAY 1

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 110.07(3)(b), 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:

SILVANA CAVENAUGH, Pres
SILVANA CAVENAUGH, Pres

4-28-95 (407) 272-7199

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

Date

Signature Number