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Jun 17 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000082803 (5)

1. Corporation Name
THE KID'S CORNER, INC.



Principal Place of Business

346 MAIN STREET, INC.
DUNEDIN FL 34698
US

Mailing Address

1544 SAN CHRISTOPHER DR.
DUNEDIN FL 34698-4649
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

26 Mailing Address

26 346 MAIN STREET

27 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

34698

US

3. Date Incorporated or Qualified
11/03/1994

3a. Date of Last Report
05/01/1996

4. FEI Number
59-3275004

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

PUTLAK, JENNIFER
1544 SAN CHRISTOPHER DR.
DUNEDIN FL 34698

10. Name and Address of New Registered Agent

81 Name VICTORIA S. ANTHONY
82 Street Address (P.O. Box Number is Not Acceptable)
2271 PRIMROSE LN #2602
83
84 City CLEARWATER FL 85 Zip Code 34623

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 Victoria S. Anthony, VICTORIA S. ANTHONY, PRESIDENT

DATE 6/11/97

12. OFFICERS AND DIRECTORS

TITLE V ☒ DELETE
NAME PUTLAK, JENNIFER
STREET ADDRESS 1544 SAN CHRISTOPHER DR.
CITY-ST-ZIP DUNEDIN 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

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 PRESIDENT ☐ Change ☒ Addition
1.2 NAME VICTORIA S. ANTHONY
1.3 STREET ADDRESS 2271 PRIMROSE LN #2602
1.4 CITY-ST-ZIP CLEARWATER FL 34623

2.1 TITLE SECRETARY, TREASURER ☐ Change ☒ Addition
2.2 NAME MAUREEN CURLS
2.3 STREET ADDRESS 1104 S. SAN REMO
2.4 CITY-ST-ZIP CLEARWATER FL 34616

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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 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.

SIGNATURE Victoria S. Anthony, VICTORIA S. ANTHONY, PRESIDENT

CR2E034 (9/96)