

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000082803

1. Corporation Name

THE KID'S CORNER, INC.

Principal Place of Business

346 MAIN STREET, INC.
DUNEDIN FL 34698
US

Mailing Address

346 MAIN ST.
DUNEDIN FL 34698
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

Zip

30 Country

2. Principal Place of Business		2a. Mailing Address	3. Date Incorporated or Qualified 11/03/1994	4. FEI Number 59-3275004	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Trust Fund Contribution	7. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No
21	Suite, Apt. #, etc.	26	27	28	29	30	
23	City & State						
24	Zip	25	26	27	28	29	30
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
ANTHONY, VICTORIA S. 2271 PRIMROSE LANE #2602 CLEARWATER FL 34623				81	Name ANTHONY, VICTORIA S.		
				82	Street Address (P.O. Box Number is Not Acceptable) 1581 GULF BLVD #702N		
				83			
				84	City CLEARWATER	85	Zip Code FL 33767

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANTHONY, VICTORIA		1.2 NAME	
STREET ADDRESS	2271 PRIMROSE LANE, #2602		1.3 STREET ADDRESS	1581 GULF BLVD #702N
CITY-ST-ZIP	CLEARWATER FL		1.4 CITY-ST-ZIP	CLEARWATER FL 33767
TITLE	ST	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CURLS, MAUREEN		2.2 NAME	
STREET ADDRESS	1104 S. SAN REMO		2.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL		2.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE:

Victoria S. Anthony

VICTORIA S. ANTHONY 727-738-0260

Date 4-22-99

Daytime Phone #

0499244

CR2E034 (11/98)