FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **P94000090383 (8)**

1. Corporation Name
KIDSIGNMENT TOO, INC.

Principal Place of Business
1058 HIGHWAY A1A
ATLANTIC PLAZA
SATELLITE BEACH FL 32937

Mailing Address
1058 HIGHWAY A1A
ATLANTIC PLAZA
SATELLITE BEACH FL 32937

3. Date Incorporated or Qualified: **12/14/1994**
3a. Date of Last Report: **07/11/1995**

2. Principal Place of Business — 21
Suite, Apt. #, etc — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc — 27
City & State — 28
Zip — 29 Country — 30

4. FEI Number: **59-3298442** — 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
JACOBY, DAVID H
1581 ROBERT J. CONLAN BLVD. N.E.
SUITE 100
PALM BAY FL 32905

10. Name and Address of New Registered Agent
81 Name: Dawn Newman
82 Street Address (P.O. Box Number is Not Acceptable): 689 Palm Drive
83
84 City: Satellite Beach FL 85 Zip Code: 32937

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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Dawn M. Newman (NOTE: Registered Agent signature required when name is filing) DATE: 5-25-96

12. OFFICERS AND DIRECTORS

TITLE	DPT	☒ DELETE
NAME	ROEWER, SHIRLEY A	
STREET ADDRESS	1634 RUSTIC WAY	
CITY-ST-ZIP	MELBOURNE FL 32935	
TITLE	DPT	☒ DELETE
NAME	ROEWER, MARTIN W	
STREET ADDRESS	1634 RUSTIC WAY	
CITY-ST-ZIP	MELBOURNE FL 32935	
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	DPT	☐ Change ☒ Addition
1.2 NAME	DAWN MARIE Newman	
1.3 STREET ADDRESS	689 Palm Drive	
1.4 CITY-ST-ZIP	Satellite Beach, Fl. 32937	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
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	000001860200	
5.4 CITY-ST-ZIP	-06/12/96--01103--018	
6.1 TITLE	***225.00	☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

6/12

CR2E034 (12/95)

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: Dawn Marie Newman — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 5-16-96
Daytime Phone #: (407) 777-5999