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

PROFIT CORPORATION ANNUAL REPORT

1998

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000090383 (8)

KIDSIGNMENT TOO, INC. Principal Place of Business Mailing Address 1058 HIGHWAY A1A 1058 HIGHWAY A1A ATLANTIC PLAZA ATLANTIC PLAZA DO NOT WRITE IN THIS SPACE SATELLITE BEACH FL 32937 SATELLITE BEACH FL 32937 3. Date Incorporated or Qualified 12/14/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3298442 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Zip Country Country 8. This corporation owes or has paid the current year Intangible Yes 25 30 Personal Property Tax due June 30. 24 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent NEWMAN, DAWN 160 ROOSEVELT AVE Street Address (P.O. Box Number is Not Acceptable) 82 **SATELLITE BEACH FL 32937** 83 84 City 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 (NOTE: Registered Agent signature required when reinstalling) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIBECTORS IN 12 12. 13. DELETE 1.1 TITLE Change Addition TITLE NEWMAN, MARIE DAWN NAME 12 NAME 160 ROOSEVELT AVE 1.3 STREET ADDRESS STREET ADDRESS SATELLITE BEACH FL CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE 2.1 TITLE Addition TITLE WEVER, SUSAN D 2.2 NAME **123 ALGONGUIN TERR** STREET ADDRESS 2.3 STREET ADDRESS INDIAN HARBOUR BEACH FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE

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 chapter, or on an attachment with an address.

3.2 NAME

4.1 TITLE 4. 2 NAME

5.1 TITLE

5.2 NAME 5.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

DELETE

DELETE

DELETE

3.3 STREET ADDRESS 3.4. City-ST-ZIP

4.3 STREET ADDRESS 4.4 City-St-Zip

SIGNATURE: Dun Marie Herrman

3/10/98 (407)777-5999

Change

Change

Change

Addition

Addition

Addition

FILED

Mar 16 1998 8:00am

Secretary of State

CR2E034 (10/97)