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

CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9500008245 (9)

KIMBERLY KIDS, INC.

## FILED Apr 18 1997 8:00am Secretary of State



Principal Place of Business		Mailing Address			r imesiamer und imigi mirte diter mittel abert abert imerte batte sinen genne den can-		
1121 N.E. 1ST AVENUE FT. LAUDERDALE FL 33304		1121 N.E. 1ST AVENUE FT. LAUDERDALE FL 33304-1804					
FI. LAUDERDA	LE PL 33304	ri, chupenpace re sa	3U-1 0U-1				
					3. Date Incorporated or Qualified 01/26/1995	3a. Date of Last Report 05/01/1996	
2. Principal Pi	ace of Business	2a. Mailing Address			4. FEI Number	Applied For	
21		26			65-0552063	Not Applicable	
Saite, Apt. # letc.		Suite, Apt. #, etc.			E Carrier to the Darland	\$8.75 Additional	
22		27			5. Certificate of Status Desired	Fee Required	
City & State		City & State			6. Election Campaign Financing	\$5.00 May Be	
23		28		Trust Fund Contribution	Added to Fees		
Zip	Country	Zip	Country		8. This corporation has liability for		
24	25	29	30			Yes No	
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Re	gistered Agent	
HAM	MILTON, JOAN		8	1 Name			
1121 N.E. 1ST AVENUE			l ē	2 Street Add	fress (P.O. Box Number is Not Acceptal	ole)	
FT. I	LAUDERDALE FL 33304		Ľ			,	
			ε	3			
			-	4 City		85 Zip Code	
				City		FL 185 Zip Code	
11. Pursuant t	to the provisions of Sections 607.050	2 and 607.1508, Florida Stati	utes, the abo	ve-named cor	poration submits this statement for the	ourpose of changing its registered	
office or re agent. Lar	egistered agent, or both, in the State in familiar with, and accept the oblig	of Florida, Such change was ations of, Section 607,0505, F	s authorized Florida Statu	by the corpora les.	ation's board of directors. I hereby acce	pt the appointment as registered	
SIGNATURE							
	Stgrature, typed or printed name of registered age	nt and title if applicable (NC	OTE: Registered A	gent signature requ	uired when re-instating)	DATE	
12.	OFFICERS AN	D DIRECTORS	13.	<del></del>	ADDITIONS/CHANGES TO OFFICE	CERS AND DIRECTORS IN 12	
THE	D	DELETE	1.1 TITL	Ξ		Change Addition	
NAME	Barrow, Elma M		1.2 NAM	IE .			
STHEET ADDRESS	9610 N.W. 82ND STREET		1.3 STRI	ET ADDRESS			
CITY - ST - ZIFI	TAMARAC FL 33321		1.4 City	-ST-ZIP		i	
TiTLE	D	DELETE	2.1 TITL			Change Addition	
NAME	STAVESKY, PAULA J		2.2 NAM	IE		;	
STREET ADDRESS	8116 N.W. 66TH TERRACE		2.3 STB	ET ADDRESS			
CITY - ST - 7H	TAMARAC FL 33321	•		r-ST-ZIP		·	
THE	☐ DELETE		3.1 TITL			Change Addition	
NAME			3.2 NAM	Į.		•	
STREET ADDRESS				ET ADDRESS			
CITY - S1 - ZIP				(-ST-ZIP			
DITTE STATE		DELETE	4.1 TITL	<del></del>	<del> </del>	Change Addition	
NAME			4. 2 NA	i		— · · · · · · · · · · · · · · · · ·	
STREET ADDRESS			1	ET ADDRESS			
				· · · · · · · · · · · · · · · · · · ·			
CITY-SI-ZIP TITLE		☐ DELETE	5.1 THL	-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	Change Addition	
NAME			5.2 NAM			min constitut in the parties	
•			1		÷	-	
STREET ADDRESS				EET ADDRESS			
CIPY-SI-7IP		□ NCLETC		-ST-ZIP		Chapma Addition	
TITLE		☐ DELETE	6.1 TITL	· I		Change Addition	
NAME			6.2 NAM				
STREET ADDRESS			6.3 STRI	ET ADDRESS			
CITY-SI-76			6.4 CfTY	-ST-ZIP		<del></del>	

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 Florida Statutes, and that my name address.