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 # **P95000042606 (0)**

1. Corporation Name

KIDS FRANCHISE NETWORK, INC.

Principal Place of Business	Mailing Address
600 JENNINGS AVE. EUSTIS FL 32726	600 JENNINGS AVE. EUSTIS FL 32726

3. Date Incorporated or Qualified: 06/01/1995

3a. Date of Last Report:

2. Principal Place of Business
21 100 East Fifth Avenue
Suite, Apt. #, etc.
22 2nd Floor
City & State
23 Mount Dora, Florida
Zip 24 32757 Country 25 USA

2a. Mailing Address
26 P.O. Box 197
Suite, Apt. #, etc.
27
City & State
28 Mount Dora, Florida
Zip 29 32757 Country 30 USA

4. FEI Number: 59-3352015 ☐ 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

CAMPIONE, DAVID M ESQ
600 JENNINGS AVE.
EUSTIS FL 32726

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0505 and 617.1505, 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 _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	Chief Executive Officer ☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	Steven J. Shamgoch	12 NAME	
STREET ADDRESS	100 East Fifth Ave.	13 STREET ADDRESS	
CITY-ST-ZIP	Mount Dora, Florida 32757	14 CITY-ST-ZIP	
TITLE	President ☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	Susan A Ray	22 NAME	
STREET ADDRESS	100 East Fifth Ave.	23 STREET ADDRESS	
CITY-ST-ZIP	Mount Dora, Florida 32757	24 CITY-ST-ZIP	
TITLE	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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)(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: _____ 3/25/96 (352) 383-3330
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)