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May 28 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000043382 (7)

1. Corporation Name

KLUBKIDS REALTY CORP.



Principal Place of Business

4501 N. TAMiami TRAIL, #300
NAPLES FL 33940

Mailing Address

4501 N. TAMiami TRAIL, #300
NAPLES FL 34103-3023

3. Date Incorporated or Qualified

06/06/1995

3a. Date of Last Report

03/04/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

HAINS, TIMOTHY G
4501 N. TAMiami TRAIL, #300
NAPLES FL 33940

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 607.0502 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	
NAME	KLUBERDANZ, WALLACE	1.2 NAME	
STREET ADDRESS	2373 BROADWAY, APT. 1033	1.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10024	1.4 CITY-ST-ZIP	
TITLE	S	2.1 TITLE	
NAME	KLUBERDANZ, WALLACE	2.2 NAME	
STREET ADDRESS	2373 BROADWAY, APT. 1033	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10024	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	
NAME	KLUBERDANZ, WALLACE	3.2 NAME	
STREET ADDRESS	2373 BROADWAY, APT. 1033	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10024	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Wallace Kluberdanz, President

Date

Daytime Phone

CR2E034 (9/96)