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 # **P95000043446 (0)**

1. Corporation Name

JAMMIN' KIDS, INC.

Principal Place of Business	Mailing Address
~~1392 N. UNIVERSITY DRIVE, SUITE 200C~~ ~~PLANTATION FL 33322~~	~~1392 N. UNIVERSITY DRIVE, SUITE 200C~~ ~~PLANTATION FL 33322~~

3. Date Incorporated or Qualified: 05/30/1995
3a. Date of Last Report:

2. Principal Place of Business
21: 1404 SW 160th Ave
22: Suite, Apt. #, etc.
23: Sunrise, FL
24: 33326
25: Country

2a. Mailing Address
26: 1404 SW 160th Ave
27: Suite, Apt. #, etc.
28: Sunrise, FL
29: 33326
30: Country

4. FEI Number: 65-0589117 ☐ 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

KAFKA, DAVID
~~1392 N. UNIVERSITY DRIVE, SUITE 200C~~
~~PLANTATION FL 33322~~

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 1404 SW 160th Ave
83
84 City: Sunrise FL 85 Zip Code: 3332[illegible]

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 _____ (NOTE: Registered Agent's signature required when executing) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	VP	☐ Change ☐ Addition
NAME	KAFKA, DAVID		1.2 NAME		
STREET ADDRESS	1392 N. UNIVERSITY DRIVE, SUITE 200C		1.3 STREET ADDRESS	1404 SW 160th. Ave	
CITY-ST-ZIP	PLANTATION FL 33322		1.4 CITY-ST-ZIP	Sunrise FL 33326	
TITLE	D	☐ DELETE	2.1 TITLE	PD	☐ Change ☐ Addition
NAME	KAFKA, ROBIN		2.2 NAME		
STREET ADDRESS	1392 N. UNIVERSITY DRIVE, SUITE 200C		2.3 STREET ADDRESS	1404 SW 160th Ave	
CITY-ST-ZIP	PLANTATION FL 33322		2.4 CITY-ST-ZIP	Sunrise FL 33326	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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: [signature] Director
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/96
Date

954-389-5899
Daytime Phone #