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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT # P95000050911 (3)

FILED May 16 1997 8:00am Secretary of State

| | MIEN I # P95000 KIDS, INC. | | | | | | | | |
|--|--|---|--|--|---|--|--|-------------------------------------|---|
| Principal Place of Business Mailing Address 4901 CORTEZ ROAD WEST 4901 CORTEZ ROAD WES BRADENTON FL 34210 BRADENTON FL 34210-280 | | | | | | f 1994/1984 (12 19-5) Sitte Edite Still Still Spill Shill Still Still 1945 (194) | | | |
| | | | | | | 3. Date Incorporated or Qualified 06/26/1995 | 3a. Date | of Last /1996 | Report |
| | lace of Business | 2a. Mailing Ad | dress | | | 4. FEI Number | | | pplied For |
| <u> </u> | | 26 | | | | 65-0592134 | | | lot Applicable |
| Suite, Apt | #, etc. | Suite, Apt. | . #, etc. | | | 5. Certificate of Status Desired | | + | Additionat legulred |
| City & State | e | City & Stal | te | | | 6. Election Campaign Financing | | | May Be |
| 3 | | 28 | | | | Trust Fund Contribution | | | to Fees |
| Zip | Country | Zip | | Coun | try | 8. This corporation has liability for | | | s. 199.032, |
| 4 | 25 9. Name and Address of Currel | 29 | | 30 | | Florida Statutes 10. Name and Address of New R | Yes 🗆 | | |
| VNA | | ur uedisteren waer | <u> </u> | | Name | 10. Name and Address of New A | efiereien wi | latit | |
| | OWLES, TIMOTHY A 5 MANATEE AVENUE WEST | | | ļ. | 10 0: -14 | (5 0 B N 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | · | |
| | DENTON FL 34205 | | | | Street Ad | Idress (P.O. Box Number is Not Accepta | iDie) | | |
| Divi | | | | Ī | 13 | | ······································ | **** | |
| | | | | la la | 14 City | | | 85 Zip | Code |
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| agent. La | irr. familiar with, and accept the oblig | nations of Section 6 | AT KEAE EL | | | | obr we abbou | | O TO BUTCHE |
| | Stgruhire, typed or printed name of registered ag | | | | | orporation submits this statement for the ration's board of directors. I hereby accentions when reinstains | DATE | | |
| SIGNATURE | Stgrature, typed or perited name of registered ag | ent and title + applicable. | (NOTE | Registered | Agent algnature rec | | DATE CERS AND D | IRECTO | RS IN 12 |
| SIGNATURE 12. TITLE | Stg. shire. Where or printed came of registered ago OFFICERS AN | ent and title + applicable. | | Registered 13. 1.1 TITL | Agent algnature red | quired when reinstating) | DATE CERS AND D | | |
| SIGNATURE 12. TITLE NAME | Stg. shire. Where or printed rame of registered ag OFFICERS AN P CARL, TERRI | ent and title + applicable. | (NOTE | 13. | Agent signature red | quired when reinstating) | DATE CERS AND D | IRECTO | RS IN 12 |
| SIGNATURE 12. TILLE NAME STREET ADDRESS | Signature, typed or preside range of registered ag OFFICERS AN P CARL, TERRI 4901 CORTEZ ROAD WEST | ent and title + applicable. | (NOTE | 13. 1.1 TITL 1.2 NAM | Agent signature rec E ME EET ADDRESS | quired when reinstating) | DATE CERS AND D | IRECTO | RS IN 12 |
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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 to 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:

PERIODAL TERRICAL THERE CALL

3/9/99 9417957715