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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000055387 (1)

KIDSWEST & CO., INC.

FILED Apr 23 1998 8:00am Secretary of State



| Filliopai Fiaci | e or pusitioss | Mailing Address | | | | |
|---|---|--|---------------------|---|--|-----------------------------------|
| 4365 N UNIVE | | 4365 N UNIVERSITY DR | | | | |
| Sunrise fl | 33331 | SUNRISE FL 33351 | | | DO NOT WRITE IN THIS | SPACE |
| | | | | | 3. Date Incorporated or Qualified | JI AOL |
| | | | | | 07/17/1995 | |
| 9 Principal P | lace of Business | 2a. Mailing Address | | | 4. FEI Number | |
| | lace of Dusiness | <u> </u> | | | 65-0609229 | Applied For |
| Suite, Apt. #, etc. | | Suito Ant # atc | Suite, Apt. #, etc. | | 00 0009228 | Not Applicable |
| 22 | | 27 | 27 | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| City & State | | City & State | City & State | | 6. Election Campaign Financing | \$5.00 May Be |
| 23 | | 28 | -t | | Trust Fund Contribution | Added to Fees |
| Zip | Country | 7 p | Country | | 8. This corporation owes or has paid the cu | ` ` |
| 24 | 25 29 30 9. Name and Address of Current Registered Agent | | 30 | Personal Property Tax due June 30. Yes No | | |
| | | ent Hegistered Agent | 8 | 1 60. | 10. Name and Address of New Registered | Agent |
| GREEK ARTION V | | | | Name | | |
| 1801 UNIVERSITY DR CORAL SPRINGS FL 33071 | | | 82 | Street A | Address (P.O. Box Number is Not Acceptable) | |
| | MAL SPAINGS FL 3307 ? | | 83 | . | | |
| | | | \" | 1 | | |
| | 1 | | 84 | City | FL | 85 Zip Code |
| 11 Pursuant | to the provisions of Sections 607 09 | 502 and 607 1508. Florida Statuti | es the abov | ⊥ /e-named / | | |
| 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. | | | | | | |
| agent. i a | ını r am ıllar with, and accept the obil | gations of, Section 607.0505, Fig | onda Statute | 98. | | |
| SIGNATURE | Signature, typed or printed frame of registered a | MINI | . Claristand As | on timeture | required when reinstating) DATE | |
| 12. | · · · · · · · · · · · · · · · · · · · | ND DIRECTORS | 13. | in a signature i | ADDITIONS/CHANGES TO OFFICERS AN | D DIDECTORS (N. 12 |
| TITLE | D | DELETE | 1.1 TITLE | | N | N 2 |
| i | CARUANA, ARTHUR | C.) SEELLE | | | CARMATIA, ARTHU 1633 HE3CT PT LANDEDDAGE | Consulte Nontroll |
| NAME | 4365 N UNIVERSITY DR | | 1.2 NAME | | - 10 de 3 de 3 | |
| STREET ADDRESS | SUNRISE FL 33351 | | | T ADDRESS | (635 ME 2 C) | la cs c S |
| CITY-ST-ZIP | SUMMISE PL 33331 | DE ETE | 1.4 CiTY- | ST - ZIP | FT LAUDISKDACK Y | U > > 5 / 1 |
| TITLE | | DELETE | 21 TITLE | ļ | 1 | LI Change [Addition] |
| NAME | | | 2.2 NAME | | | |
| STREET ADDRESS | | | 2.3 STREE | T ADDRESS | | |
| CITY-ST-ZIP | | | 2. 4 CITY | ST-ZIP | | |
| TITLE | | ☐ DELET E | 3.1 TITLE | | | Change Addition |
| NAME | | | 3.2 NAME | ļ | | |
| STREET ADDRESS | | | 3.3 STREE | TADDRESS | | |
| CITY-ST-ZIP | | | 3.4. CHTY- | SI-ZIP | | |
| TITLE | | ☐ DELETE | 4.1 TITLE | T | | Change Addition |
| NAME | | | 4. 2 NAME | | | |
| STREET ADDRESS | | | 4.3 STREE | 1 ADDRESS | | |
| CITY-ST-ZIP | | | 4.4 CITY- | ST-ZIP | | İ |
| TITLE | | DELETE | 5.1 TITLE | | | Change Addition |
| NAME | | | 5.2 NAME | | | |
| STREET ADDRESS | | | 1 | T ADDRESS | | |
| CITY-ST-ZIP | | | 5.4 CITY - | | | |
| TITLE | | DELETE | 6.1 TITLE | | | Change Addition |
| NAME | | | 6.2 NAME | 1 | | |
| STREET ADDRESS | | | | T ADDRESS | | |
| | | ^ | | l l | | |
| CITY-ST-ZIP | certify that the information supplied | with this fillup does not qualify fo | 64 CITY- | | d in Section 119.07(3)(i), Florida Statutes. I further c | ertify that the information |
| | | | | | | |

It is port is true and accurate and that my signature shall have the same logal effect as if made under oath; that I am an trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

1/1/12