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 #

P95000060896 (4)

KID-E-PLACE, INC.

Principal Place of Business

Mailing Address

FILED Jan 26 1998 8:00am Secretary of State



| DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 08/07/1995 2. Principal Place of Business 2. A Mailing Address 2. Principal Place of Business 2. A FEI Number 3. Date incorporated or Qualified 08/07/1995 4. FEI Number 59-3338172 Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 3. Date incorporated or Cualified 08/07/1995 4. Fill will be compared to Canada of Suite Desired 1 | 892 KENSINGTON GARDENS CT OVIEDO FL 32765 | | | | | 892 KENSINGTON GARDENS CT OVIEDO FL 32765 | | | | | |
|--|--|--------------------|------------|---------------|-----|--|----------|---|------|----------------|--|
| 2. Principal Place of Business 2. Mailing Address 3. H. FEI Number 3. Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 3. This corporation was or sa paid this current year Intendice of the Address of Real Property Tax due June 30. My Yes. 4. No Name and Address of New Registered Agent 4. Ship Name | 01120 12 02103 | | | | | | | | | | DO NOT WRITE IN THIS SPACE |
| 2. Principal Place of Business 2a. Mailing Address 2b. Suite, Apt. #, etc. 59-3338172 Not Applicable Suite, Apt. #, etc. 59-3338172 Suite, Apt. #, etc. 5. Certificate of Status Desired \$8.75 Additional Fee Required Fee Requi | | | | | | | | | | | |
| 25 Suite, Apt #, etc. Su | | | | | | | | | | | |
| Suite, Apt #, etc. Suite, Apt #, etc. Suite, Apt #, etc. Suite, Apt #, etc. State Status Desired S8.75 Additional Fee Required | <u> </u> | ace of Busin | ess | | Ь | Mailing Address | | | | | 1,150.00 |
| State City & State Country Zip Country State Country Country State Country State Country State Country Country State Country State Country State Country C | | | | | 26 | <u> </u> | | | | | |
| Zip Zip Zip Zip Country Zip Country Stip | | | | | | _ | | | | | |
| Zip Country Zip Country | | • | | | 28 | City & State | | | | | , , , , , , , , , , , , , , , , , , , |
| 9. Name and Address of Current Registered Agent PASQUALE, ROBERT P 892 KENSINGTON GARDENS CT OVIEDO FL 32765 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 Registered Agent Reg | Zip | | Count | у | | Zip | | Country | 7 | | 8. This corporation owes or has paid the current year Intangible |
| PASQUALE, ROBERT P 892 KENSINGTON GARDENS CT OVIEDO FL 32765 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 of 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 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE VP | | | | | | | | L | | | Personal Property Tax due June 30. Yes No |
| 892 KENSINGTON GARDENS CT OVIEDO FL 32765 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 84 City FL 85 Zip Code 85 Zip Code 86 City FL 85 Zip Code 87 City FL 85 Zip Code 88 City FL 85 Zip Code 89 City FL 85 Zip Code 80 City FL 85 Zip Code 81 City FL 85 Zip Code 82 City FL 85 Zip Code 83 City FL 85 Zip Code 84 City FL 85 Zip Code 85 City FL 85 Zip Code 86 City FL 85 Zip Code 87 City FL 85 Zip Code 88 City FL 85 Zip Code 89 City FL 85 Zip Code 80 City FL 85 Zip Code 80 City FL 85 Zip Code 81 City FL 85 Zip Code 82 City FL 85 Zip Code 83 City FL 85 Zip Code 84 City FL 85 Zip Code 85 City FL 85 Zip Code 86 City FL 85 Zip Code 87 City FL 85 Zip Code 88 City FL 85 Zip Code 89 City FL 85 Zip Code 89 City FL 85 Zip Code 89 City FL 85 Zip Code 80 City FL 85 Zip Code 81 City FL 85 Zip Code 82 City FL 85 Zip Code 83 City FL 85 Zip Code 84 City FL 85 Zip Code 85 City FL 85 Zip Code 86 City FL 85 Zip Code 87 City FL 85 Zip Code 88 City FL 85 Zip Code 89 City FL 85 Zip Code 80 City FL 85 Zip Code 80 City FL 85 Zip Code 80 City FL 85 Zip Code 81 City FL 85 Zip Code 82 City FL 85 Zip Code 83 City FL 85 Zip Code 84 City FL 85 Zip Code 85 City FL 85 Zip Code 86 City FL 85 Zip Code 87 City FL 85 Zip Code 88 City FL 85 Zip Code 89 | | | | | | | | | | | |
| OVIEDO FL 32765 83 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 agent, a manual registered agent, and 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. | PAS | SQUALE, R | OBERT F | • | | | | 81 Name | | | |
| 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 VP DELETE 1.1 TITLE Change Addition STREET ADDRESS CITY-ST-ZIP OVIEDO FL 1.4 CITY-ST-ZIP TITLE Change Addition | | | | | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | dress (P.O. Box Number is Not Acceptable) |
| 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 SIGNATURE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE VP DELETE 1.1 TITLE Change Addition PASQUALE, ROBERT P STREET ADDRESS CITY-ST-ZIP OVIEDO FL 1.4 CITY-ST-ZIP DELETE 2.1 TITLE Change Addition | OVIEDO FL 32765 | | | | | | | 83 | - | | |
| 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 SIGNATURE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE VP DELETE 1.1 TITLE Change Addition PASQUALE, ROBERT P STREET ADDRESS CITY-ST-ZIP OVIEDO FL 1.4 CITY-ST-ZIP DELETE 2.1 TITLE Change Addition | | | | | | | | | - | | |
| SIGNATURE Signature, lyped or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE | | | | | | | | 84 | 1 | City | FL 85 Zip Code |
| Signature, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstalling) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE VP NAME PASQUALE, ROBERT P 12 NAME STREET ADDRESS 892 KENSINGTON GARDENS CT 1.3 STREET ADDRESS CITY-ST-ZIP OVIEDO FL 1.4 CITY-ST-ZIP TITLE P DELETE 2.1 TITLE 2.1 TITLE Change Addition | | | | | | | | | | | |
| 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE VP DELETE 1.1 TITLE 1.2 NAME STREET ADDRESS CITY-ST-ZIP OVIEDO FL 1.4 CITY-ST-ZIP DELETE 2.1 TITLE 2.1 TITLE 4. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 1.7 TITLE 4. CITY-ST-ZIP Change Addition | SIGNATURE | | | | | | | | | | |
| TITLE VP DELETE 1,1 TITLE Change Addition NAME PASQUALE, ROBERT P 12 NAME 12 NAME 13 STREET ADDRESS 13 STREET ADDRESS 14 CITY-ST-ZIP 14 CITY-ST-ZIP 14 CITY-ST-ZIP 14 CITY-ST-ZIP 15 TITLE 15 Change 15 Addition | | Signature, typed t | | | | | E: Reg | | ent | signature requ | |
| NAME PASQUALE, ROBERT P 12 NAME STREET ADDRESS 892 KENSINGTON GARDENS CT 1,3 STREET ADDRESS CITY-ST-ZIP OVIEDO FL 1,4 CITY-ST-ZIP TITLE P DELETE 2,1 TITLE Change Addition | | VÕ. | (| FFICERS AND L | HEC | | - | | | | |
| STREET ADDRESS 892 KENSINGTON GARDENS CT 1.3 STREET ADDRESS CHY-ST-ZIP 0VIEDO FL 1.4 CHY-ST-ZIP 2.1 TITLE P Change Addition | | ** | LE DOD | COT D | | ☐ DECE1E | ŀ | | | | Change Li Addition |
| CITY-ST-ZIP OVIEDO FL 1,4 CITY-ST-ZIP TITLE P DELETE 2,1 TITLE Change Addition | i . | | | | т | | | | | | |
| TITLE P DELETE 2.1 TITLE Change Addition | | | | A CHUDENO C | • | | | | | | |
| | | | r <u>L</u> | | | DELETE | \dashv | | ST - | ZIP | Change Addition |
| 1 VOCOVET INTUIN | | • | IE KIAI | 2Δ | | - 000000 | | | | | |
| | SOZ KENSINGTON GARDENS CT | | | | | | | 2,3 STREET ADDRESS | | nnness | *** |
| CITY-ST-ZIP OVIEDO FL 2, 4 CITY-ST-ZIP | CYTY - ST - 7IP | | | T WHIDEIG O | • | | ſ | | | ſ | |
| TITLE DELETE 3,1 TITLE DELETE 4.6 Change Addition | | 011200 | | | | DELETE | - | | ٠١٠ | -21 | Change Addition |
| NAME 3.2 NAME | | | | | | _ | | | | | _ - • • |
| STREET ADDRESS 3.3 STREET ADDRESS | | | | | | | | | ΓΑΓ | DORESS | |
| CITY-ST-ZIP 3.4. CITY-ST-ZIP | | | | | | | | | | | |
| TITLE DELETE 4.1 TITLE Change Addition | | | | | | DELETE | 1 | | | | Change Addition |
| NAME 4.2 NAME | NAME | | | | | | - 1 | 4. 2 NAME | | | |
| STREET ADDRESS 4.3 STREET ADDRESS | STREET ADDRESS | | | | | | ı | 4.3 STREET | A | DDRESS | |
| CITY-ST-ZIP 4.4 CITY-ST-ZIP | CITY - ST - ZIP | | | | | | | 4.4 CITY - S | ST - | ZIP | |
| TITLE DELETE 5.1 TITLE Change Addition | | | | | | DELETE | | | | | Change Addition |
| NAME 5.2 NAME | NAME | | | | | | | 5.2 NAME | | | |
| STREET ADDRESS 5.3 STREET ADDRESS | STREET ADDRESS | | | | | | | 5.3 STREET | AL | ODRESS | |
| CITY-ST-ZIP 5.4 CITY-ST-ZIP | CITY-ST-ZIP | | | | | | _1 | 5.4 CITY - S | T- | ZIP | |
| TITLE DELETE 8.1 TMLE Change Addition | TITLE | | | | | DELETE | T | 6.1 TITLE | | | Change Addition |
| NAME 62 NAME | NAME | | | | | | | 6.2 NAME | | | |
| STREET ADDRESS 6.3 STREET ADDRESS | STREET ADDRESS | | | | | | | 6.3 STREET | A | DORESS | |
| CITY-SI-ZIP 6.4 CITY-SI-ZIP 6.4 CITY-SI-ZIP | | | | | | | | 6.4 CITY - S | T- | | |

SIGNATURE: