

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 # P95000063596 (7)

1. Corporation Name
KIDZ TO KIDZ GROUP, INC.



Principal Place of Business: 10715 SANTA ROSA DR. BOCA RATON FL 33498
Mailing Address: 10715 SANTA ROSA DR. BOCA RATON FL 33498

3. Date Incorporated or Qualified: 08/16/1995
3a. Date of Last Report
4. FEI Number 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

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country
25
2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country
30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SELTZER, LEONARD
10715 SANTA ROSA DR.
BOCA RATON FL 33498

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

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	D SELTZER, LEONARD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SELTZER, LEONARD	1.2 NAME	
STREET ADDRESS	10715 SANTA ROSA DR.	1.3 STREET ADDRESS	
CITY- ST- ZIP	BOCA RATON FL 33498	1.4 CITY- ST- ZIP	
TITLE	D SELTZER, LINDA	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SELTZER, LINDA	2.2 NAME	
STREET ADDRESS	10715 SANTA ROSA DR.	2.3 STREET ADDRESS	
CITY- ST- ZIP	BOCA RATON FL 33498	2.4 CITY- ST- ZIP	
TITLE	D RICHMAN, TODD L	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHMAN, TODD L	3.2 NAME	
STREET ADDRESS	139 TIMOTHY CIR.	3.3 STREET ADDRESS	
CITY- ST- ZIP	RADNOR PA 19087	3.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: *X Leonard Seltzer* LEONARD SELTZER 3/8/96 4078529988

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day/Time Phone #

CR2E034 (12/95)