FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

L		1996	(m) (m)	16.35	DIVISION O	F CO	RPORAT	:NOI	3						
	DOCUI . Corporation		# P950	00064	309 (4)									
			KIDS, INC.												
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F	Principal Place	of Business		Mailing A	Address				····						
	4000 HOLL	YWOOD BLY	/D .	4000	4000 HOLLYWOOD BLVD.										
	SUITE 485	South Od Fl 33021		SUIT	E 485 SOUTH	_									
	HOLLINO	OD FL 33021		HQU	LYWOOD FL 3:	1021				3. Date Incorporated or Oc	alified	3a. Date	of Last	Report	-
_	Principal Dis	age of Pusie								08/21/1995					_
Principal Place of Business 1				2a, Matir 26	ng Address					4. FEI Number 65-0602873			-	Applied For	
Suite, Apt. #, etc				···	Suite, Apt. #, etc.								\$8.7	Not Applicable 75 Additional	-
22	·			27	···					5. Certificate of Status Des	ired			e Required	
City & State				F	City & State					6. Election Campaign Finar	icing			00 May Be	
2.5	<u>Ζ</u> φ		Country	7 _{ID}		T	Countr			Trust Fund Contribution	ilitu foc ini			e 100 000	
24]	25			29		30			This corporation has liability for intangib Florida Statutes			•		
_		9, Name	and Address of Currer	nt Registered	egistered Agent			1 2		10. Name and Address of New Registered Agent					_
	DENEZ	ZDA CLICA	h1 h4				81	' N	ame						
BENEZRA, SUSAN M 5001 NORTH 36TH COURT								s	treet Addre	ess (P.O. Box Number is Not Ad	ceptable	()			-
		WOOD FL					83	1			_				
							84								
								-	-			FL	1	Zip Code	
1	 Pursuant to or registere 	o the provisi: ed agent, or	ons of Sections 607.0502 both, in the State of Flori	t and 607.1508 dat Such chanc	l, Florida Statut je was authoru	tes, the	e above-	nam Joraf	ed corpora	tion submits this statement for d of directors. I hereby accept t	the purpo	ose of char	iging its	registered office	ə
	TER THREE YELD	h, and acce _l	of the obligations of, Sect	ion 6 07.0505, Ì	Florida Statute:	S ,				or anostero. Thereby decouple	no uppon	it nont as i	egisieri	scragent, rans	
S	ignature _ 	Signature typed		and the diacondate		TH. Res	pisteri i Aye	et sign	af in-requise	where revisit only		DATE			
1			OFFICERS AN				13.			ADDITIONS/CHANGES 1	O OFFIC		DIRECT	ORS IN 12	-
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	AME		ZRA, SUSAN M NODTU 26TU COUDT				1.2 NAME		Ben	ezra, Susan					
STREET ADDRESS 5001 NORTH 36TH COURT HOLLYWOOD FL 33021						13 STREET ADDRESS 500		888 500 Earl	l North 36th Coulywood, FL 33021	ırt					
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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 certify that I am an officer or director of the composition or the receiver or trusted 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:

Application of the composition of the

CR2E034 (12/95)