PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000064309

1. Corporation Name

SMB PLANET KIDS, INC.

Principal Pla	ce of Business	Mailing Address	Mailing Address				****	10 10 1 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
5822 STIRLIN	G ROAD	5822 STIRLING ROAD	5822 STIRLING ROAD						
HOLLYWOOD	FL 33021	HOLLYWOOD FL 33021				DO NOT HOUTE IN THE ORIGINA			
us		US	US			DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed 08/21/1995			
2. Principal	al Place of Business			4. FEI Number		App	olied For		
21	26				;	65-0602873	Not	Applicable	
Suite, Ap	t. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			I E Codiforto of Status Desired I I T	of Status Desired S8.75 Additional Fee Required		
City & Sta	ate		City & State			6. Election Campaign Financing \$5.00 May Be			
23		28	28			Trust Fund Contribution Added to Fees			
Zip	Country	Zip Cour				8. This corporation owes the current year Intangible			
24	25	29	30			Personal Property Tax. Yes No			
	9. Name and Address of Curr	ent Registered Agent				10. Name and Address of New Registered Agen	t		
			_	81 Name					
BENEZRA, SUSAN M				82 Street Address (P.O. Box Number is Not Acceptable)					
500	1 NORTH 36TH COURT		oz Street Addri			ess (F.O. DOX NUMBER IS NOT ACCEPTABLE)			
HOLLYWOOD FL 33021				83					
									
				84	City	FL 85	Zip C	ode	
44 - D	A la Maranisiana of Castiona 607 0	EOO and 607 1500 Florida Statut	on the a	hovo	named corner	, , _ ,	ning its i	registered	
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 obli	gations of, Section 607.0505, Flo	rida Statı	utes.					
 SIGNATURE			_						
	Signature, typed or printed name of registered a			Agent	signature required v		PECTO	DC IN 12	
12.		AND DIRECTORS			ı	ADDITIONS/CHANGES TO OFFICERS AND DI	Change	Addition	
TITLE	PSTD	☐ DELETE	1.1 TITLE				mange	☐ ₩	
NAME	BENEZRA, SUSAN M		AME						
STREET ADDRES				REET	ADDRESS				
CITY-ST-ZIP			TY-ST-	ZIP					
TITLE		☐ DELETE	2.1 TITLE				Change	☐ Addition	
NAME			2.2 NAME						
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CITY-ST-ZIP	■		2.4 C	ITY-ST	-ZIP				
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NAME					LDDDCCC				
STREET ADDRES	s				ADDRESS				
CITY-ST-ZIP				TY-ST-	ZIP				
TITLE			6.1 Tr				Change	Addition	
NAME			6.2 N	ME.					

14. I 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 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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90054 034 ***150.00