## 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

## P95000072384 (7) DOCUMENT #

KID'S AVENUE, INC.

Principal Place of Business Mailing Address 3161 W. OAKLAND PARK BLVD. 2610 N.W. 5TH AVENUE OAKLAND PARK FL 33311 MIAMI FL 33127 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/19/1995 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 65:06:15580 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing **\$5.00** May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No 24 Personal Property Tax due June 30. 30 29 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name OH, SUN H WA 4070-EOCOPLUM CIRCLE"> Street Address (P.O. Box Number is Not Acceptable) 82 #39103 23 GOGONUT GREEK 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 have been accept the obligations of, Section 607.0505, Florida Statutes. d name of registered agent and title if applicab 12. OFFICERS AND DIRECTORS 13. PSTD DELETE 1.1 TITLE NAME OH, SUN H 1.2 NAME **CR2E034** 4070\_COCOPLUM\_CIRCLE #39103 STREET ADDRESS 1.3 STREET ADDRESS COCONUT CREEK FL 33063 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE 2.1 TITLE TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST-ZIP

6.4 CITY - ST-ZIP 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.

3.1 TITLE

3.2 NAME

4.1 TITLE

4, 2 NAME

5.1 TITLE

5.2 NAME

61 TITLE 6.2 NAME

3.3 STREET ADDRESS

4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST-ZIP

3.4. CITY-ST-ZIP

SIGNATURE:

TITLE

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**FILED** 

Feb 05 1998 8:00am

Secretary of State