## 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 # P95000075086 (5)

KID'S WOOD, INC.

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## **FILED** Mar 18 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 1325 E ALTAMONTE DR 1325 E ALTAMONTE DR ALTAMONTE SPRINGS FL 32701 ALTAMONTE SPRINGS FL 32701 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/29/1995 4. FEI Number Applied For 03-6383029 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible 25 29 3375 Name and Address of Current Registered Agent Personal Property Tax due June 30. Name and Address of New Registered Agent CORPORATE ACCESS, INC. 1116-D THOMASVILLE RD TALLAHASSEE/FL 32303 Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered change was authorized by the corporation's board of directors. I hereby accept the appointment as registered 607.0595, Florida Statutes. 11. Pursuant to the provisions of Sections 607 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 1.1 TITLE RICCARD, MARIA 1.2 NAME NAME 4825 E ALTAMONTE DR STREET ADDRESS 1.3 STREET ADDRESS ALTAMONTE SPRINGS PL 32701 CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE DELETE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change ■ Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5 4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** 6.4 CITY-ST-ZIP CITY-ST-ZIP

SIGNATURE

14. I hereby certify that the information supplied with this findicated on this annual report or supplemental annual officer or director of the corporation of the receiver or Block 12 or Block 13 if changed, or an an attachment with the supplied of the s

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at qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information used and accurate and that my signature shall have the same legal effect as if made under oath; that I am an givered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

467.332 1787