## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

**PROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1997

P95000094017 (7)

KICKINI INC

**FILED** Sep 08 1997 8:00am Secretary of State

KICKIN	i, inc.														
											i italista iib iaidi aisi abuli abuli abu				
Bringing Bloom of Puninger															
Principal Place of Business Mailing Address														)() 1 <b>05</b> 7 (051	
1115 MIRACLE MILE 1115 MIRACLE MILE VERO BEACH FL 32960 VERO BEACH FL 32960															
TENO DENOTIFE DESCO											DO NOT WRITE IN THIS SPACE				
j										Ì	3. Date Incorporated or Qualified	3a. Da	ate of Last Re	eport	
											12/08/1995	04	/24/1996		
2. Principal Place of Business						2a. Mailing Address					4. FEI Number			plied for	
21			• • • • • • • • • • • • • • • • • • • •	26							65-0635106			t Applicable	
Suite, Apt	. #, etc.				Suite, Apt. #, etc.						5. Certificate of Status Desired		\$8.75		
22 City & State					City & State								Fee Re	<del></del>	
23					28						Election Campaign Financing     Trust Fund Contribution		\$5.00 Added 1		
Zip	Country			- 1-0	<del></del>			ountry	,		8. This corporation owes or has pai				
24		25		29			30	,			Personal Property Tax due June	_	'	No	
	g. Name and Address of Currer										10. Name and Address of New Reg				
BE	AVER, THO	)MA	S M JR					81	Name						
1115 MIRACLE MILE								82 Street Addres			ss (P.O. Box Number is Not Acceptable	e)			
VERO BEACH FL 32960								0.00.	1100700	oo ( .e. bea Hallise) is Not Aeseptable					
								83							
								84	City				85 Zip (	Code	
		· · · ·							-			FL	1 1		
11. Pursuant office or	to the provis	sions aent.	of Sections 607.0 or both, in the Sta	502 and to	607 rida	7.1508, Florida Statu L Such chance was	tes, the authoriz	above vd bas	e-named	d corpor	ration submits this statement for the punis board of directors. I hereby accep	rpose of	changing its	s registered	
agent. La	am familiar w	ith, a	nd accept the ob	ligations	of,	Section 607.0505, FI	orida S	tatutes	S.	polatio	To board of directors, a hereby accept	tile app	Jiiliiilioiil as i	registered	
SIGNATURE															
12.	Signature, typed	o or pro	nted name of registered OFFICERS A	·			t: Registe		nt signature	e required	when reinstaling) ADDITIONS/CHANGES TO OFFICE	DATE	DIDECTOR	0.151.40	
TITLE	D		OF TIOL TO	II VO DITIE	-01	☐ DELETE		TITLE		T	ADDITIONS/CHANGES TO OFFICE	HS AND	Change	S IN 12:	
NAME	BEAVER	ì, Th	IOMAS M JR			<del>-</del>		NAME							
STREET ADDRESS	STREET ADDRESS 1115 MIRACLE MILE					1.3 \$1			ADDRESS						
CITY-ST-ZIP	VERO BEACH FL 32960								1.4 CITY-ST-ZIP						
TITLE						DELETE		TITLE		1			Change	Addition	
NAME	]						2.2	NAME							
STREET ADDRESS							2.3	STREET	ADDRESS	İ					
CITY-ST-ZIP								2.4 CITY-ST-ZIP							
TITLE						DELETE	3.1	TITLE			·		Change	Addition	
NAME	1						3.2	NAME							
STREET ADORESS							33	STREET	ADDRESS						
CITY-ST-ZIP								. CITY-S	T-ZIP						
TITLE						☐ DELETE		TITLE					L Change	Addition	
NAME								NAME							
STREET ADDRESS									ADDRESS	1					
CITY-ST-ZIP TITLE	ļ					DELETE		CITY-S	1-ZIP	<u> </u>			T 1.00		
NAME						C OECETE		TITLE					L Change	Acdition	
l i	1							NAME	*000500						
STREET ADDRESS									ADDRESS	1				İ	
CITY-ST-ZIP TITLE	·					DELETE		CITY-SI	r - ZiP	<del> </del>			Channa	Addition	
NAME						La Otter	1	TITLE	İ	1	· ·		Change	Addition	
STREET ADDRESS								NAME	ADDDTOO						
CITY-ST-ZIP									ADDRESS		:			1	
OILL OL EN							6.4	CITY-ST	-711					1	

14. I do 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 justee 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 attact tent with any address.