

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000094479 (9)

1. Corporation Name

KID'S STUFF, INC.



Principal Place of Business

Mailing Address

**1445-B NW 40 AVE
LAUDERHILL FL 33304**

**1445-B NW 40 AVE
LAUDERHILL FL 33304**

2. Principal Place of Business

2a. Mailing Address

21 **1445-B NW 40 AVE.**

26 **1445-B NW 40 AVE.**

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 **LAUDERHILL**

27 **LAUDERHILL**

23 City & State

28 City & State

23 **FL**

28 **FL**

24 Zip

25 Country

29 Zip

30 Country

24 **33313**

25 **USA**

29 **33313**

30 **USA**

9. Name and Address of Current Registered Agent

**WILLIS, CLAUDIA J
600 NE 3RD AVE
LAUDERHILL FL 33304**

(Delete)

3. Date Incorporated or Qualified

3a. Date of Last Report

12/13/1995

4. FEI Number

Applied For

65-06-29-553

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be

Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

SARA OLDAK

82 Street Address (P.O. Box Number is Not Acceptable)

20191 E. COUNTRY CLUB DR.

83

Suite 301

84 City

Aventura

FL

85 Zip Code

33180

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 obligations of Section 607.0505, Florida Statutes.

SIGNATURE

Sara Oldak

(Print Name of Agent and Signature Required when Registered)

Date

7-18-96

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	OLDAK, ERNIE	
STREET ADDRESS	20191 E COUNTRY CLUB DR APT 301	
CITY - ST - ZIP	AVENTURA FL 33180	
TITLE	STD	☒ DELETE
NAME	ZEVIATOR, ARTHUR	
STREET ADDRESS	11911 NW 14 COURT	
CITY - ST - ZIP	PEMBROKE PINES FL 33026	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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 and data 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ernie Oldak

7/18/96

305-8311376

CR2E034 (3/96)