

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

FILED
Apr 14 1998 8:00am
Secretary of State

DOCUMENT # P96000023027 (1)

1. Corporation Name
KIDS ART GALLERY, INC.

Principal Place of Business

4924 NW 92 AVE
SUNRISE FL 33351

Mailing Address

4924 NW 92 AVE
SUNRISE FL 33351

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/14/1996

4. FEI Number

65-0657219

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 8241 NW 57th ST
Suite, Apt. #, etc.

2a. Mailing Address

26 8241 NW 57th ST
Suite, Apt. #, etc.

22 City & State

23 TAMPA FL

24 Zip

33351

27 City & State

28 TAMPA FL

29 Zip

33351

9. Name and Address of Current Registered Agent

BENENFELD, BRUCE J
7800 W OAKLAND PARK BLVD STE 109
SUNRISE FL 33351

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the
office or registered agent, or both, in the State of Florida. Such change was authorized
agent I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

I, the above-named corporation submits this statement for the purpose of changing its registered
agent by the corporation's board of directors. I hereby accept the appointment as registered
agent.

SIGNATURE

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Register

Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D SHEKARI, FARIBA
STREET ADDRESS 4924 NW 92 AVE
CITY-ST-ZIP SUNRISE FL 33351

TITLE ☐ DELETE

NAME D KLEIN, CECILE
STREET ADDRESS 4220 NW 113 AVE
CITY-ST-ZIP SUNRISE FL 33323

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

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TITLE ☐ DELETE

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 ☐ Change ☐ Addition

1.2 ☐ Change ☐ Addition

1.3 ☐ Change ☐ Addition

1.4 ☐ Change ☐ Addition

2.1 ☐ Change ☐ Addition

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2.30 ☐ Change ☐ Addition

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, on an attachment with an address

SIGNATURE:

Charles R. Klein

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6505507

CR2E034 (10/97)