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Mar 05 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000031595 (7)

1. Corporation Name
KIDS FUTURE, INC.



Principal Place of Business

4026 INVERRARY BOULEVARD #1715
LAUDERHILL FL 33319

Mailing Address

4026 INVERRARY BOULEVARD #1715
LAUDERHILL FL 33319-4323

3. Date Incorporated or Qualified
04/05/1996

3a. Date of Last Report

4. FEI Number
65-0702859

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

2. Principal Place of Business

21 4323 NW 65 Terr
Suite Apt. #, etc.

2a. Mailing Address

26 4323 NW 65 Terr
Suite Apt. #, etc.

22 City & State

23 Coral Springs

24 Zip 33067 25 Country

27 City & State

28 CORAL SPRINGS

29 Zip 33067 30 Country

9. Name and Address of Current Registered Agent

MOSCONI, KIM A
4026 INVERRARY BOULEVARD #1715
LAUDERHILL FL 33319

10. Name and Address of New Registered Agent

81 Name

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

83 4323 NW 65 Terr

84 City

CORAL SPRINGS

FL

85 Zip Code

33067

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

Kim A. Moscone

KIM A. MOSCONI

1/30/97

DATE

12. OFFICERS AND DIRECTORS

TITLE PSVT ☐ DELETE

NAME MOSCONI, KIM A
STREET ADDRESS 4026 INVERRARY BOULEVARD #1715
CITY-STATE-ZIP LAUDERHILL FL 33319

TITLE D ☐ DELETE

NAME MOSCONI, KIM A
STREET ADDRESS 4026 INVERRARY BOULEVARD #1715
CITY-STATE-ZIP LAUDERHILL FL 33319

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS 4323 NW 65 Terr
1.4 CITY-STATE-ZIP Coral Springs FL 33067

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS 4323 NW 65 Terr
2.4 CITY-STATE-ZIP Coral Springs FL 33067

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

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 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.

SIGNATURE: *Kim A. Moscone* KIM A. MOSCONI 1/30/97 (954) 758-7440

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)