## 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 # 1. Corporation Name

STREET ADDRESS

P96000031595 (7)

KIDS FUTURE, INC.

פטוא	FUTURE, INC.			i tainan na 1104 ina ann agus agus agus	AD 3000 (6400) CHAO (610) Chi 400)
Principal Plac	ce of Business	Mailing Address		, (40)(60) (12 (21) 21)(1 40)(1 50)(1 50)(1 50)(1 50)	90 314E1 11001 BIHO 10101 DIN 100)
	65TH TERR PRINGS FL 33067	4323 NW 65TH TERR CORAL SPRINGS FL 330	67		•
US	IMAGO I E SOCO?	US	Vi	DO NOT WRITE IN THI	S SPACE
				3. Date Incorporated or Qualified	
2. Principal F	Place of Business	2a. Mailing Address		04/05/1996 4. FEI Number	Applied For
21		26	•	65-0702859	Not Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.	· · · · · · · · · · · · · · · · · · ·		\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & Stat	te	City & State		8. Election Campaign Financing	<b>\$5.00</b> May Be
23 Zip	Country	Zip	Country	Trust Fund Contribution	Added to Fees
24	25	29 3	<b>–</b>	<ol> <li>This corporation owes or has paid the of Personal Property Tax due June 30.</li> </ol>	Current year intangible  Yes No
]=:1	g. Name and Address of Curre		<u> </u>	10. Name and Address of New Registers	
1	MOSCONE, KIM A		81 Name		
4323 NW 65TH TERR			82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
(	CORAL SPRINGS FL 33067		83		
			84 City	F	E 85 Zip Code
11, Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida Statutes	the above-named corp	oration submits this statement for the purpose	of changing its registered
agent. I a	registered agent, or both, in the State am familiar with, and accept the oblig	ations of, Section 607.0505, Flori	inorized by the corporati da Statutes.	ion's board of directors. I hereby accept the a	ppointment as registered
SIGNATURE	Signature, typed or printed name of registered ag	APAT I			
12.		ID DIRECTORS	Registered Agent signature require	ed when reinstating)  DATE  ADDITIONS/CHANGES TO OFFICERS A	
TITLE	PSVT	☐ DELETE	1.1 TITLE	ABBITTORIO, OTTA ABBITTORIO A	Change Addition
NAME	MOSCONE, KIM A		1.2 NAME		
STREET ADDRESS	4323 NW 65TH TERR		1.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS F		1.4 CITY-ST-ZIP		
TITLE	D D	☐ DELETE	2.1 TITLE		Change Addition
NAME STREET ADDRESS	MOSCONE, KIM A 4323 NW 65TH TERR		2.2 NAME		
CITY-ST-ZIP	CORAL SPRINGS FL		2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP		
TITLE	COLVE OLIMICOLE	DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		-
STREET ADDRESS	]		3.3 STREE1 ADDRESS		
CITY-ST-ZIP			3.4. CITY - ST - ZIP		
TITLE		☐ DELETE	4.1 THTLE		☐ Change ☐ Addition
NAME			4 2 NAME		
STREET ADDRESS	Į		4.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	4.4 CITY - SY - ZIP 5.1 TITLE		Change Addition
NAME		- vicen	5.2 NAME		C SUNNING CT VIOLEGE
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		Change Addition
MAME			6.2 NAME		

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 13 if changed, or on an attachment with an address.

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

1 Massane 4/1,98 (Oct 34415)

**FILED** 

Apr 17 1998 8:00am

Secretary of State