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Jan 24 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000044010 (2)

1. Corporation Name
KIDDIE KONNECTION MANUFACTURING INC.

Principal Place of Business
2269 SOUTH UNIVERSITY DRIVE
SUITE 284
DAVIE FL 33324

Mailing Address
2269 SOUTH UNIVERSITY DRIVE
SUITE 284
DAVIE FL 33324-5856



3. Date Incorporated or Qualified
05/22/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 2269 S. University DR

26 2269 S. University DR

Suite, Apt. #, etc

Suite, Apt. #, etc

22 224

27 224

City & State

City & State

23 DAVIE FL

28 DAVIE FL

Zip

Country

Zip

Country

24 33324

25 USA

29 33324

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BURNS, RICHARD
1500 N.W. 107TH AVE.
SUITE 200
MIAMI FL 33172

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 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

Signature typed or printed name of registered agent (if not applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME ROY, REGI
STREET ADDRESS 2269 S. UNIVERSITY DR. SUITE 284
CITY-ST-ZIP DAVIE FL 33324

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE STD
NAME FORREST, LYDIA
STREET ADDRESS 2269 S. UNIVERSITY DR. SUITE 284
CITY-ST-ZIP DAVIE FL 33324

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-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 or changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)