

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
 Jul 29 1998 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # P96000045619 (9)
 1. Corporation Name
 A KID AGAIN, INC.



Principal Place of Business: 3437 HIATUS ROAD, SUNRISE FL 33323
 Mailing Address: 3437 HIATUS ROAD, SUNRISE FL 33323

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/29/1996

4. FEI Number: 65-0670027 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 Suite, Apt. #, etc. 22
 23 City & State
 24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc. 27
 28 City & State
 29 Zip 30 Country

9. Name and Address of Current Registered Agent
 LEX, PATRICIA J
 20420 S.W. 50TH PLACE
 FORT LAUDERDALE FL 33323

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City FL 85 Zip Code

10. Name and Address of New Registered Agent

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 and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LUMLEY, DEBORAH L	
STREET ADDRESS	12030 N.W. 35TH ST.	
CITY-ST-ZIP	SUNRISE FL 33323	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LEX EY, PATRICIA J	
STREET ADDRESS	20420 S.W. 50TH PLACE	
CITY-ST-ZIP	FT. LAUDERDALE FL 33332	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	LEX PATRICIA J
2.3 STREET ADDRESS	20420 SW 50th Pl
2.4 CITY-ST-ZIP	FT LAUD FL 33332
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	000002604348
5.3 STREET ADDRESS	-08/03/98--01004-01
5.4 CITY-ST-ZIP	***150.00
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(l), 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: [Signature] 7-7-98 954-7428330

CR2E034 (5/98)

A Kid Again
3437 Hiatus Rd
Sunrise, FL 33323

AJ 2

July 8, 1998

Division of Corporations
Attn: Annual Reports
P O BOX 6327
Tallahassee , FL 32314

RE A Kid Again
P96000045619

Enclosed please find my completed annual report along with a check in the amount of \$150.00 per the instructions from the Department of State. The reason that I have not enclosed the penalty amount is because the original form was not received at my place of business, even though you seem to have the correct address.

I apologize for any inconvenience this may have caused.

Sincerely,



Patricia J. Lex
Owner