## 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 P96000052242 (0)

KID'S WORLD OF DELRAY, INC.

Principal Place of Business

Mailing Address

## **FILED** May 06 1998 8:00am Secretary of State



219 N. DIXIE DELRAY BEACH FL 33444		2569 SOUTHWEST 10TH COURT BOYNTON BEACH FL 33426-7806		DO NOT WRITE IN THIS SPACE		
.'					3. Date Incorporated or Qualified 06/19/1996	
2. Principal Pla	ace of Business	2a, Mailing Address			4. FEI Number	Applied For
21		<u> </u>	26 121 E. Lee Rd.		65-0674163	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, elc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State	<del></del>		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zib Tra A - De	Bacti Co	ountry	8. This corporation owes or has paid the	
24	25	29 33445	30	Amer	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Curr	ent Registered Agent			10. Name and Address of New Register	ed Agent
ROBBINS, CATHERINE				81 Name		
256			82 Street Add	ress (P.O. Box Number is Not Acceptable)		
BOYNTON BEACH FL 33426						
				83		
				84 City	<del>-</del>	85 Zip Code
office or re	o the provisions of Sections 607.06 ogistered agent, or both, in the Sta of familiar with, and accept the obti	te of Florida. Such change was	authoriz	red by the corpora	poration submits this statement for the purposition's board of directors. I hereby accept the a	e of changing its registered appointment as registered
SIGNATURE						
	Signature, typod or printed name of registered a	ignut and talle diapporable (NC ND DIRECTORS	*****	red Agent signature requi		
12.	DITICERS A	DELETE	13	TITLE	ADDITIONS/CHANGES TO OFFICERS A	Change Addition
NAME	ROBBINS, CATHERINE	Steele		NAME		C ontaings C Mounton
STREET ADDRESS	2569 SW 10TH CT			STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH FL 3342	ß		CITY-S1-ZIP		
TITLE	501111011011111111111111111111111111111	DELETE		TITLE		Change Addition
NAME		-		NAME		
STREET ADDRESS				STREET ADDRESS		
CITY-ST-ZIP				4 CITY-ST-ZIP		
TITLE		DELETE	3.1	TITLE		Change Addition
NAME			3.2	NAME		
STREET ADDRESS			3.3	STREET ADDRESS		
CITY-ST-ZIP			3.4	. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1	TITLE		Change Addition
NAME			4.2	2 NAME		
STREET ADDRESS			4.3	STREET ADDRESS		
CITY-ST-ZIP				CITY-ST-ZIP		
TITLE		☐ DELETE	5.1	TITLE		Change Addition
NAME			5.2	NAME		
STREET ADDRESS			5.3	STREET ADDRESS		
CITY-ST-ZIP		——————————————————————————————————————		CITY-ST-ZIP		
TITLE		☐ DELETE		TITLE		Change Addition
NAME				NAME		
STREET ADDRESS				STREET ADDRESS		
CITY-ST-ZIP			6.4	CITY-ST-7IP		

14. Thereby 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 supplience 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 13.1 changed, or on an attachment with an address.