Apr 02, 1999 8:00 am Secretary of State

04-02-1999 90002 010 ***150.00

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600053128

 Corporation 	n Name							
OUTRAG	EOUS KIDS, INC.							
					1 8 1 8 1 1 1 1 1 1 1 			
	•							
Principal Place of Business Mailing Address				,		3811) 88111 84101 1	JII 3 4 11 10 1 11 10 10 11	/EE: /EI: 1881
1801 PALM BEACH LAKES BLVD 1801 PALM BEACH LAKES 8			LVD					
732 732					DO NOT WRITE IN THIS SPACE			
WEST PALM BEACH FL 33401 WEST PALM BEACH FL 334			л		3. Date Incorporated or Qualifed			
US		03			06/20/1996	•		
Principal Place of Business 2a. Mailing Address					4. FEI Number	* ,	Apr	olied For
					65-0674449			Applicable
21 26 Suite, Apt. #, etc.		Suite, Apt. #, etc.					\$8.75 A	dditional
		27		5. Certifcate of Status Desired		Fee Rec	quired	
City & State		City & State			6. Election Campaign Financing \$5.00 May Be		May Be	
23		28		Trust Fund Contribution Added to Fees				
Zip Country		Zip	Zip Country		8. This corporation owes the current year Intangible			
24	25 29 3		0		Personal Property Tax.		∐No	
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of Nev	Registered	Agent	
DANE	CI CINA		81	Name				
RANSI, SIMA 9341 WEST ATLANTIC BLVD.			82	Street Addr	ess (P.O. Box Number is Not Acce	ptable)		
CORAL SPRINGS FL 33071			83			<u> </u>		
CON	AL OF RINGS I L 35071		63		•			
			84	City		FL	85 Zip C	ode
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes					austion submits this statement for th	no purpose of	changing its	registered
11. Pursuant office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was aut	horized by	the corporation	on's board of directors. I hereby acc	ept the appoi	ntment as reg	jistered
agent. I a	m familiar with, and accept the obliga	ations of, Section 607.0505, Florid	da Statutes	•				+
SIGNATURE	Signature, typed or printed name of registered age	and and title if applicable (NOTE: R	Penistered Ager	at signature require	d when reinstating)	DATE		
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO	FFICERS AN	ID DIRECTO	RS IN 12
TITLE	D	☐ DELETE	1.1 TITLE				☐ Change	Addition
NAME	RAMSI, SIMA	1.2 N						
STREET ADDRESS			1.3 STREET	TADDRESS				
CITY-ST-ZIP			1.4 CITY-S	T-ZIP	<u> </u>			
TITLE : ±±	DELETE ~ 2.1.T		2.1-TITLE		الواح العيادي المتراضط الفاطيين الدوران		Change	Addition
NAME	221		2.2 NAME					
STREET ADDRESS	;		2.3 STREET	T ADDRESS				
CITY-ST-ZIP			2.4 CITY-S	ST-ZIP				
TITLE	☐ DELETE 3.11		3.1 TITLE				Change	Addition
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREE	TADDRESS				
CITY-ST-ZIP			3.4. CITY- S	ST-ZIP			Change	La Addition
TITLE			4.1 TITLE				Change	Addition
NAME			4. 2 NAME					
STREET ADDRESS	■			T ADDRESS				
CITY-ST-ZIP			4.4 CITY-S	T-ZIP	·····		☐ Change	☐ Addition
TITLE	·-		5.1 TITLE 5.2 NAME	, -				
NAME				TADDRESS .				
STREET ADDRESS			5.4 CITY-S					
CITY-ST-ZIP			6.1 TITLE	1-411			☐ Change	Addition
I TITLE		€ NETE15	6.2 NAME					
I VANIE			T ADDRESS					
STREET ADDRESS	1		0.0 OTREE					

14. I hereby certify that the information supplied with this filling 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, with all other like empowered.

6.4 CITY-ST-ZIP