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PROFIT CORPORATION ANNUAL REPORT

1997

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FLORIDA DEPARTMENT OF STATE

FILED

May 14 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9600054900 (1)

KID STOP CONSIGNMENT, INC.

Principal Place of Business Mailing Address MICHAEL B CHESAL WHICHAEL B CHESAL 201 S BISCAYNE BLVD. 1970 MIAMI CENTER 201 S BISCAYNE BLVD, 1970 MIAMI CENTER MIAMI FL 33131 MIAMI FL 33131-4302 3. Date Incorporated or Qualified 3a. Date of Last Report 06/27/1996 2. Principal Place of Busine 2a, Mailing Address Applied For 26 Not Applicable Suite, Apl. #, etc. Suite, Apl. #, etc. \$8.75 Additional 5. Certificate of Status Desired 27 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Country Country 8. This corporation has liability for intangible tax under s. 199.032 Yes X No 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10, Name and Address of New Registered Agent 81 Name CHESAL, MICHAEL B 201 S BISCAYNE BLVD 82 Street Address (P.O. Box Number is Not Acceptable) 1970 MIAMI CENTER **MIAM! FL 33131** 83 84 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typod or printed name of registered agent and title if applicable (NOTE Registered Agent algebraic required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE Change Addition 1.1 TITLE MCCULLOUGH, NICOLA S NAME 1.2 NAME 201 S BISCAYNE BLVD, 1970 MIAMI CENTER STREET ADDRESS 1.3 STREET ADDRESS MIAM! FL 33131 CITY-\$1-ZIP 1.4 CHY - \$1 - ZIP DELETE TITLE 2.1 THUE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CHY+\$1-7IP DELETE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CHY-S1-7IP DELETE TITLE 4.1 TITLE Change Addition NAME 4.2 NAMI STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CHY-ST-ZIP DELETE Change TITLE 5.1 THEF Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - S3 - ZIP DELETE Change Addition TITLE 61 TITLE NAME 62 NAME STREET ADDRESS 63 STREET ADDRESS 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 eath, 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