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

**PROFIT CORPORATION ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P96000073025 (4)

KIDZ TRAKKER, INC.

APPROVED AND FILED

97 MAY -2 PM 1:16

SECRETARY OF STATE TALLAHASSEE, FLORIDA



Principal Place of Business Mailing Address							i Bellik 1983£ Milli 481M	J 11001 DI11 1001	
9420 SOUTHW MIAMI FL 8315	EST 77TH AVENUE 16-7903	9420 SOUTI MIAMI FL 3	HWEST 77TH AVI 3156-7988	ENUE					
						3. Date Incorporated or Qualified 09/04/1996	3a. Date of La	ist Report	
2. Principal F	lace of Business	2a. Mailing	2a. Mailing Address			4. FEI Number		Applied For	
21		26				65-0737967		Not Applicable	
Suite, Apl. #, etc.		27				5. Certificate of Status Desired	5. Certificate of Status Desired \$8.75 Additional Fee Required		
City & Stat		City & S 28	State			Election Campaign Financing     Trust Fund Contribution		.00 May Be ded to Fees	
Zip	Country	Zip		Countr	У	8. This corporation has liability for		for s. 199.032,	
<del></del>		29		30		Ftorida Statutes XX Yes No			
	9, Name and Address of Curr	······································	jent	81	Libbonia	10. Name and Address of New Re	gistered Agent		
	RPORATION SERVICE COMPA	NY		81	Name				
	1 HAYS STREET				Street	Street Address (P.O. Box Number is Not Acceptable)			
TAL	LAHASSEE FL 32301			83	<b> </b>		- <del></del>		
				63					
				84	City		FL 85	Zip Code	
44 Duraupat	to the provisions of Spatient 607.0	E02 and E07 1609	Florida Clabulac	the ebes	l nomad	corporation submits this statement for the p		ne to registered	
office or i	registered agent, or both, in the Sta m familiar with, and accept the ob-	ate of Florida, Such	change was au	thorized b	v the con	poration's board of directors. Thereby accep	of the appointmen	it as registered	
SIGNATURE									
12.	Signature, typed or printed name of registered	agent and title diapple able AND DIBLOTORS	(NO.F.)	Higistered Ag	ent signature	Enequired when revisiting)  ADDITIONS/CHANGES TO OFFICE	DATE DERS AND DIRECT	TOPS IN 12	
TITLE	PD	· · · · · · · · · · · · · · · · · · ·	DELETE	117/16	· <del>-</del>	ADDITIONS/CHANGES TO OFFIC	Char		
NAME	CAUFF, STUART	'		1.2 NAME				age	
STREET ADDRESS	9420 SOUTHWEST 77TH AV	FNUF			I ADDRESS				
CITY-ST-ZIP	MIAMI FL 33156-7903	5.,02		1.4 CITY-					
TITLE	8		DELETE	2.1 1011			Char	nge Addition	
NAME	MILSTEIN, BRIAN		_	2.2 NAME			_	·	
STREET ADDRESS	9420 SOUTHWEST 77TH AV	ENUE			I ADDRESS				
CITY-ST-ZIP	MIAMI FL 33158-7903			2. 4 CITY-					
TITLE			DELETE	3 1 1/1/1.1			Char	nge Addition	
NAME				3.2 NAME					
STREET ADDRESS				3.3 STREE	I ADDRESS				
CITY-ST-ZIP				3 4 CITY -	S1-ZIP				
TITLE			DLLETE	41 TILLE			Char	nge Addition	
NAME				4. 2 NAME					
STREET ADDRESS				4.3 STREE	ADORESS				
CITY-ST-ZIP				4.4 CHY-3	S1 - 71P				
TITLE			DELETE	5 f TITLE			☐ Char	nge Addition	
NAME				5.2 NAME					
STREET ADDRESS				5.3 STREE	ADDRESS				
CITY-ST-ZIP				5.4 CITY - 1	SI - ZIP				
TITLE			DELETE	611/11/16			Char	nge Addition	
NAME				6.2 NAME				ļ	
STREET ADDRESS	<u>.</u>			6.3 STREE	ADDRESS				
CITY-ST-ZIP				6.4 CITY - :		1			
14. I do here	by certify that the information supp	lied with this filmo o	loes not qualify	for the exe	motion s	stated in Section 119.07(3)(i). Florida Statute:	<ul> <li>I further cortify</li> </ul>	that the	

Two leavest sections are anomalous surprised with this annual report or supplemental annual report or supplemental annual report or supplemental annual report 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 frustee 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 advices