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 # P96000091644 (0)

KIDZ LEARN AND PLAY, INC.

Mailing Address

FILED May 04 1998 8:00am Secretary of State



1470 8 CEDA ORANGE CIT US		1470 S CEDAR AVE ORANGE CITY FL 32763 US				DO NOT WRITE IN TH	IIS SPACE		
00		00				3. Date Incorporated or Qualified	<u></u>		
		· •				11/05/1996			
د و رمسید	lace of Business	2a. Mailing Address				4. FEI Number		pplied For	
21 24/	S. Vulusia Ave	26				NOT APPLICABLE		ot Applicable	
Suité, Apt.		Suite, Apt. #, etc.				5. Certificate of Status Desired	Fee Required		
City & State 23 OKAN		City & State			· · · · · · · · · · · · · · · · · · ·	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
24 327	63 25 10/45K		Count 30	ry		This corporation owes or has paid the Personal Property Tax due June 30.	Yes [tangible No	
	Name and Address of Current	Registered Agent		.T		10. Name and Address of New Register	ed Agent		
	Connor, Barbara		8	I N	ame				
	70 S CEDAR AVE			2 SI	treet Address (P.O. Box Number is Not Acceptable)				
OR	VANGE CITY FL 32763								
			B	3					
			8	4 C	ity		85 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.									
SIGNATURE	Signature, typed or printed ratine of registered agent	end file if applicable (NOTE	Registered A	gent sig	gnature require	ed when reinstating) DA11	E		
12.	OFFICERS AND	DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE				Change	☐ Addition	
NAME	O'CONNOR, JAMES D		1.2 NAME						
STREET ADDRESS	1470 S CEDAR AVE		1.3 STREE	ET ADDI	RESS				
CITY-ST-ZIP	ORANGE CITY FL			ST-ZIF	Р				
TITLE	DELETE		2.1 TITLE	2.1 TITLE			☐ Change	☐ Addition	
NAME	O'CONNOR, BARBARA N		2.2 NAME					İ	
STREET ADDRESS	1470 S CEDAR AVE	2.3 5		2.3 STREET ADDRESS					
CITY-ST-ZIP	ORANGE CITY FL	· · · · · · · · · · · · · · · · · · ·	2. 4 CITY	2. 4 City - St - ZIP					
TITLE		☐ DELETE	3.1 TITLE	3.1 TITLE			☐ Change	Addition	
NAME			3.2 NAME					1	
STREET ADDRESS			3.3 STREE	et addi	RESS				
CITY-ST-ZIP			3.4. CITY		Р				
TITLE		☐ DELETE	4.1 TITLE				L Change	Addition	
NAME			4. 2 NAM	_	1			[
STREET ADDRESS			4.3 STREI						
CITY-ST-ZIP		Del eve	4.4 CITY		P		112		
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NAME			5.2 NAME					1	
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CITY-ST-ZIP		DELETE	5.4 CITY-		·	 	Charre	Addition	
TITLE		[] DELETE	6.1 TITLE				∐ Change	Addition	
NAME			6.2 NAME						
STREET ADDRESS			6.3 STREI		1				
CITY-ST-ZIP	and the later and the	this filter stage and a self of	6.4 CITY			Postine 440 07/0VD Fields Over 400 12 d		information .	
14. I 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 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.									