

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000093151 (4)

1. Corporation Name:
KIDS TOGETHER, INC.

Principal Place of Business:

520 WHISPER WOOD DR
LONGWOOD FL 32779

Mailing Address:

520 WHISPER WOOD DR
LONGWOOD FL 32779-2541

2. Principal Place of Business:

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address:

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

INGRASSIA, ALAN R
520 WHISPER WOOD DR
LONGWOOD FL 32779

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 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 type: For principal of registered agent and first applicable

(NONE - Registered Agent's signature required when re-appointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE D [] DELETE

NAME INGRASSIA, ALAN R
STREET ADDRESS 520 WHISPER WOOD DR
CITY-STATE-ZIP LONGWOOD FL 32779

TITLE D [] DELETE

NAME INGRASSIA, KARLA M
STREET ADDRESS 520 WHISPER WOOD DR
CITY-STATE-ZIP LONGWOOD FL 32779

TITLE [] DELETE

NAME [] DELETE

STREET ADDRESS [] DELETE

CITY-STATE-ZIP [] DELETE

TITLE [] DELETE

NAME [] DELETE

STREET ADDRESS [] DELETE

CITY-STATE-ZIP [] DELETE

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STREET ADDRESS [] DELETE

CITY-STATE-ZIP [] DELETE

TITLE [] DELETE

NAME [] DELETE

STREET ADDRESS [] DELETE

CITY-STATE-ZIP [] DELETE

13.

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

[] Change [] Addition

[] Change [] Addition

[] Change [] Addition

[] Change [] Addition

[] Change [] Addition

[] Change [] Addition

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 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.

SIGNATURE

Alan R. Ingrassia 6/28/97 402-849-5112

FILED
Jul 07 1997 8:00am
Secretary of State



3. Date Incorporated or Qualified

11/08/1996

3a. Date of Last Report

4. FEE Number

59-3454074

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes [] Yes [] No

10. Name and Address of New Registered Agent

CR2E034 (9/96)