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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P9600093761 (0) KALEIDOSCOPE, INC.

## FILED Apr 17 1998 8:00am Secretary of State

Principal Place of Business Mailing Address 904 S. WESTSHORE BLVD. 904 S. WESTSHORE BLVD. **TAMPA FL 33629** TAMPA FL 33629 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/12/1996 2a, Mailing Address 2. Principal Place of Business FEI Number Applied For Not Applicable 21 26 59-3415194 Suite, Apt #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Zip Country Ζip Country 8. This corporation owes or has paid the current year Intangible 24 Personal Property Tax due June 30. Yes g. Name and Address of Current Registered Agent 10, Name and Address of New Registered Agent 81 Name WATKINS, CARL T CPA 7345 JACKSON SPRINGS ROAD #3 Street Address (P.O. Box Number is Not Acceptable) **TAMPA FL 33634** 83 84 City 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, typind or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition BITIT 1.1 TITLE SINSLEY, HOWARD NAME 1.2 NAME **CR2E034** 904 S. WESTSHORE BLVD. 1.3 STREET ADDRESS STREE! ADDRESS **TAMPA FL 33629** CITY - ST - ZIP 1.4 CITY - ST - ZIP DELETE Change Addition THILE 2.1 TITLE NAME SINSLEY, NINA JANE 2.2 NAME STREET ADDRESS 904 S WESTSHORE BLVD 2.3 STREET ADDRESS TAMPA FL 2. 4 CITY-ST-ZIP CITY ST-ZIP DELETE Change Addition TITLE 31 TITLE NAME 3.2 NAME STHEET ADDRESS 3.3 STREET ADDRESS CITY-ST-7IP 3.4. CITY - ST-ZIP DELETE Addition TITLE 4.1 TITLE 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - 7IP 44 CITY-ST-ZIP DELETE Change Addition TrTLE 51 TITLE 5.2 NAME NAME STREET ADDRESS 5 3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change ☐ Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 63 STREET ADDRESS

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 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 pringed, of on an adaptorint with an address.

HOWARD L. SINCLEY

SIGNATURE: Hourse Seus less

4-8-98 (813)-286-2964