

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

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AND
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1997 JUN 23 AM 9:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000097788 (9)

1. Corporation Name
KIDS HEALTH NETWORK, INC.

Principal Place of Business
320 PLAZA REAL, SUITE 307
BOCA RATON FL 33432

Mailing Address
320 PLAZA REAL, SUITE 307
BOCA RATON FL 33432-3950



2. Principal Place of Business

21 ~~13624 Columbine~~ 6035 Bahia Del Mar Blvd

Suite, Apt. #, etc. Apt. 244

22 ~~Wellington, FL~~ St. Petersburg, FL

City & State

23 Zip 33715

24 Country

25. Mailing Address

26 ~~13624 Columbine~~ 6035 Bahia Del Mar Blvd

Suite, Apt. #, etc. Apt. 244

27 ~~Wellington, FL~~ St. Petersburg, FL

City & State

28 Zip 33715

29 Country

3. Date Incorporated or Qualified
12/03/1996

3a. Date of Last Report

4. FEI Number

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

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

10. Name and Address of New Registered Agent

81 Name Frank Turk
82 Street Address (P.O. Box Number is Not Acceptable)
6035 Bahia Del Mar Blvd.
Apt. 244
83 City
St. Petersburg, FL
84 Zip Code
33715

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 Frank Turk

Signature, typed or printed name of registered agent and file if applicable

(NOTE: Registered Agent signature required when reinstating)

6-20-97

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME KLINE, SOL
STREET ADDRESS 320 PLAZA REAL, SUITE 307
CITY-ST-ZIP BOCA RATON FL 33432

TITLE P
NAME Frank Turk
STREET ADDRESS 6035 Bahia Del Mar Blvd., #244
CITY-ST-ZIP St. Petersburg, FL 33715

TITLE P
NAME Bill Rosenberg
STREET ADDRESS 13624 Columbine
CITY-ST-ZIP Wellington, FL 33414

TITLE P
NAME Martin J. Ehrlich
STREET ADDRESS c/o Ocean Manor Resort
CITY-ST-ZIP 4040 Galt Ocean Drive, Apt. 1000
Fort Lauderdale, FL 33308

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P
1.2 NAME Frank Turk
1.3 STREET ADDRESS 6035 Bahia Del Mar Blvd., #244
1.4 CITY-ST-ZIP St. Petersburg, FL 33715

2.1 TITLE P
2.2 NAME Bill Rosenberg
2.3 STREET ADDRESS 13624 Columbine
2.4 CITY-ST-ZIP Wellington, FL 33414

3.1 TITLE D
3.2 NAME Martin J. Ehrlich
3.3 STREET ADDRESS c/o Ocean Manor Resort
3.4 CITY-ST-ZIP 4040 Galt Ocean Drive, Apt. 1000
Fort Lauderdale, FL 33308

4.1 TITLE
4.2 NAME 400002223284-3
4.3 STREET ADDRESS -06/25/97--01120--020
4.4 CITY-ST-ZIP ***165.00 ***165.00

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 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 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 Sol Kline

6/20/97

CR2E034 (9/96)