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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000018127

1. Corpo ation Name

KIDS WORLD PRESCHOOL, INC.

Principal Place of Business

Mailing Address

FILED Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90108 036 ***150.00



12150 NORTHWEST 36TH PLACE SUNRISE FL 33323		12150 NORTHWEST 36T:+1 PLACE SUNRISE FL 33323			DO NOT WRITE IN THIS SPACE	
						3. Date Incorporated or Qualifed 02/21/1997
Princip at Place of Business 2a, Mailing Address						4, FEI Number Applied For
21		26				65-0729288 Nct Applicable
Suite, /vpt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 / Additional Fee Required
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees	
Zip Country Zip 24 25 29			Country	,		8. This corporation owes the current year Intangible Personal Property Tax. Yes
25 29 30 30						10. Name and Address of New Register∋d Agent
				Na	me	
	GETT, ROSANNA		82	Str	eet A fe	Idress (P.O. Bok Number is Not Acceptable)
12150 NORTHWEST 36TH PLACE SUNRISE FL 33323			-	<u> </u>		
3014	MIDE FL 33323		83	1		
			84	ì	-	FL 85 Zip Code
office or re	egistered agent, or both, in the State of	Florida, Such change was author	rized by	the c	ned cor corporat	rporation submits this statement for the purpose of changing its registered atton's board of directors. I hereby accept the appointment as recistered
	m familiar with, and accept the obligat	ons or, Section 607.0505, Fronta	Statutes	,		
SIGNATUF:E	Signature, typed or printed na ne of registered agent	and title if applicable. (NOT E: Region	stered Age	nt signa	ture requi	ared when reinstating) DATE
12.	OFFICERS AND	DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P	☐ DELETE	1.1 TITLE			☐ Change ☐ Addition
NAME	FORGETT, ROSANNA		1.2 NAME			
STREET ADDRESS			1.3 STREE	TADDR	ESS	
CITY-ST-ZIP			1.4 CITY - S	T-ZIP		
TITLE	DELETE		21 TITLE			☐ Change ☐ Addition
NAME			2.2 NAME		ļ	
STREET ADDRE 3S	IRE is		2 3 STREET ADDRESS		ESS	
CITY-ST-ZIP			2. 4 CITY-ST-ZIP			
TITLE		_	31 TITLE			☐ Change ☐ Addition
NAME		1	3.2 NAME		-	
STREET ADDRESS			3.3 STREE		ESS	
CITY-ST-ZIP			3.4. CITY-5	ST-ZIP		☐ Change ☐ Addition
TITLE			4.1 TITLE		1	Change Adduit
NAME			4.2 NAME	T 405-		
STREET ADDRESS			4.3 STREE		ESS	
CITY-ST-ZIP			<u>4.4 CITY - S</u> 5.1 TITLE	1-ZIP	- }-	☐ Change ☐ Addition
TITLE			5.2 NAME			
NAME			53 STREE	T ADDR	ESS	
STREET ADDRESS			5.4 CITY-S		ļ	
TITLE		·	61 TITLE		_	☐ Change ☐ Addition
NAME			6.2 NAME		-	
STREET ADDRESS			6.3 STREE	TADDR	ESS	
CITY-ST-ZIP			6.4 CITY - S	T-ZIP	-	
14. I hereby c	ertify that the information supplied with	this filing does not qualify for the	exempt	ion st	ated in	n Section 119.07(3)(i), Florida Statutes. I further certify that the information

indicated on this annual report or supplemental a must 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, with all other like empowered.

CR2E034 (11/98)