

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

**FILED**  
**Feb 12 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P97000052855 (8)**  
 1. Corporation Name  
**FAST KIDS, INC.**



Principal Place of Business <b>816 AIRPORT ROAD SUITE 3 DESTIN FL 32541</b>	Mailing Address <b>POST OFFICE BOX 853 DESTIN FL 32541</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**06/13/1997**

2. Principal Place of Business 21 <b>30 MORENO POINT RD.</b> Suite, Apt. #, etc. 22 <b>406 B</b> City & State 23 <b>DESTIN, FLORIDA</b> Zip 24 <b>32541</b> Country 25 <b>OKALOOSA</b>	2a. Mailing Address 26 <b>PO BOX 853</b> Suite, Apt. #, etc. 27 City & State 28 <b>DESTIN, FL</b> Zip 29 <b>32540</b> Country 30 <b>OKALOOSA</b>
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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 owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent  
**DRAVES, DONNA L ESQ  
 120 E CONCORD STREET  
 ORLANDO FL 32801**

10. Name and Address of New Registered Agent  
 81 Name **MO MICHELLI**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**30 MORENO POINT RD #406 B**  
 83 **DESTIN**  
 84 City **DESTIN** FL 85 Zip Code **32541**

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 MO MICHELLI PRESIDENT FAST KIDS, INC DATE 1/30/98

12. OFFICERS AND DIRECTORS		DELETE
TITLE	<b>D MICHELLI, MO</b>	<input checked="" type="checkbox"/>
NAME	<b>816 AIRPORT RD, STE F</b>	
STREET ADDRESS	<b>DESTIN FL 32541</b>	
CITY-ST-ZIP		
TITLE	<b>D MICHELLI, CAROL J</b>	<input type="checkbox"/>
NAME	<b>30 MORENO POINT RD, #406B</b>	
STREET ADDRESS	<b>DESTIN FL 32540</b>	
CITY-ST-ZIP		
TITLE	<b>D WILLIAMS, DAVID C</b>	<input checked="" type="checkbox"/>
NAME	<b>6322 S LAGOON DRIVE</b>	
STREET ADDRESS	<b>PANAMA CITY BEACH FL 32408</b>	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		CHANGE	ADDITION
1.1 TITLE	<b>PRESIDENT</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	<b>MO MICHELLI</b>		
1.3 STREET ADDRESS	<b>30 MORENO POINT RD #406B</b>		
1.4 CITY-ST-ZIP	<b>DESTIN, FL 32541</b>		
2.1 TITLE	<b>SECRETARY/TREASURER</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	<b>CAROL J. MICHELLI</b>		
2.3 STREET ADDRESS	<b>30 MORENO POINT RD #406B</b>		
2.4 CITY-ST-ZIP	<b>DESTIN, FL 32541</b>		
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

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.

SIGNATURE: MO MICHELLI 1/16/98 850-654-7774

CR2E034 (10/97)