

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

FILED
Feb 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		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 816 AIRPORT ROAD SUITE 3 DESTIN FL 32541	Mailing Address POST OFFICE BOX 853 DESTIN FL 32541
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DO NOT WRITE IN THIS SPACE
 3. Date Incorporated or Qualified
06/13/1997

2. Principal Place of Business 21 30 MORENO POINT RD. Suite, Apt. #, etc. 22 406 B City & State 23 DESTIN, FLORIDA Zip 24 32541 Country 25 OKALOOSA	2a. Mailing Address 26 PO BOX 853 Suite, Apt. #, etc. 27 City & State 28 DESTIN, FL Zip 29 32540 Country 30 OKALOOSA
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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	D	<input checked="" type="checkbox"/>
NAME	MICHELLI, MO	
STREET ADDRESS	816 AIRPORT RD, STE F	
CITY-ST-ZIP	DESTIN FL 32541	
TITLE	D	<input type="checkbox"/>
NAME	MICHELLI, CAROL J	
STREET ADDRESS	30 MORENO POINT RD, #406B	
CITY-ST-ZIP	DESTIN FL 32540	
TITLE	D	<input checked="" type="checkbox"/>
NAME	WILLIAMS, DAVID C	
STREET ADDRESS	6322 S LAGOON DRIVE	
CITY-ST-ZIP	PANAMA CITY BEACH FL 32408	
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	PRESIDENT	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	MO MICHELLI		
1.3 STREET ADDRESS	30 MORENO POINT RD #406B		
1.4 CITY-ST-ZIP	DESTIN, FL 32541		
2.1 TITLE	SECRETARY/TREASURER	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	CAROL J. MICHELLI		
2.3 STREET ADDRESS	30 MORENO POINT RD #406B		
2.4 CITY-ST-ZIP	DESTIN, FL 32541		
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 MO MICHELLI DATE 1/16/98 850-654-7774

CR2E034 (10/97)