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PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # POZOCOCA (Q)

FILED Apr 24 1998 8:00am Secretary of State

JUST	4 KIDS FUNDRAISING, INC		•		
Principal Place	e of Business	Mailing Address		a iddiningar old lädin iddin angels muser dålin gær	IN MISSIN TRICK DISOL BITTI TRAT INDI
673 NW 100 CORAL SPE	0 way Rings Fl 33071	673 NW 100 WAY CORAL SPRINGS FL 3	3071	DO NOT WRITE IN TH	IS SPACE
				3. Date Incorporated or Qualified	
				08/12/1997	
	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21 276	al SE 15th Str	26 2721 SE	15th Ste	63-0111113	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State		City & State			Fee Required
City & State	impanes Brach FL	Pompare	Bench Fl	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Z _I p	Country	Zip	Country	8. This corporation owes or has paid the	
^{Zip} 330	062 25 USA	29 33662	30 USA	Personal Property Tax due June 30.	Yes □ No
	g. Name and Address of Current			10. Name and Address of New Registers	ed Agent
L	anger, Lisa		81 Name	Michele P CAMP	hell
6	73 NW 100 WAY		82 Street A	Address (P.O. Box Number is Not Acceptable)	
C	ORAL SPRINGS FL 33071			Address (P.O. Box Number is Not Acceptable)	·
			83	Pompano Beach	
			84 City -		85 Zip Code
			#	- · · -	L 33062.
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statut	es, the above-named	corporation submits this statement for the purpose	e of changing its registered condittment as registered
office or r		of Florida, Such change was a			
office or re agent. I a	m familiar with, and accept the obliga	of Florida. Such change was a tions of, Section 607.0505, Fl	authorized by the corp prida Statutes.	oration's board of directors. I hereby accept the a	ppointinoit do regiono d
office or re agent. I a	Muchele "	4 Complex	LC .		
office or re agent. I a	Signature typical or printed name of regularied agen	P Complex (NOT	E Registered Agent signature r	required when reinstating) DATE	
office or reagent. I a	Muchele "	Y Complexion (NOT) DIRECTORS	t Registered Agent signature r	required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
office or ragent. La SIGNATURE	Signature typical or printed name of regularied agen	P Complex (NOT	E Registored Agent signature s 13. 1.1 THLE	ADDITIONS/CHANGES TO OFFICERS A PISTORIE P CAMPBELL	
office or ragent. La. SIGNATURE 12. TITLE NAME	Signature typical or printed name of regularied agen	Y Complexion (NOT) DIRECTORS	E. Registered Agent signature (13. 1.1 TiTLE 1.2 NAME	ADDITIONS/CHANGES TO OFFICERS A PISCHELE P CAMPBELL A721 SE 1512 STE	ND DIRECTORS IN 12 Change Addition
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Block 12 or Block 13 if changed, or on an attachment with an address.