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FILED  
May 08 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P97000073743 (1)

1. Corporation Name  
KIDS AT PLAY, INC.

Principal Place of Business  
961 PALM SPRINGS ROAD  
LONGWOOD FL 32779

Mailing Address  
961 PALM SPRINGS ROAD  
LONGWOOD FL 32779



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 221 W. S.R. 434	26 221 W. S.R. 434
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23 Longwood, FL	28 Longwood, FL
Zip	Zip
24 32750	29 32750
Country	Country
25 U.S.	30 U.S.

3. Date Incorporated or Qualified
08/26/1997
4. FEI Number
59-3465429
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

AMERLAWYER CHARTERED  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name	Kimberly W. Towers
82 Street Address (P.O. Box Number is Not Acceptable)	221 W.S.R. 434
83	
84 City	Longwood
85 Zip Code	FL 32750

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, and am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Kimberly Towers Kimberly Towers 4/9/98  
Signature of type or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSID	1.1 TITLE	
NAME	TOWERS, KIMBERLY W	1.2 NAME	
STREET ADDRESS	961 PALM SPRINGS ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL 32779	1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 Kimberly Towers Kimberly Towers 4/9/98 (407) 712-5500

CR2E034 (10/97)