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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## 1999 DOCUMENT # **P97000084496**

Country

1. Corporation Name

M & A KIDVENTURE, INC.

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

22

23

24

Zip

Principal Place of Business	Mailing Address	
17963 103RD TERR.	17963 103RD TERR.	
JUPITER FL 33478	Jupiter FL 33478	

26

28

Zip

Suite, Apt. #, etc.

City & State

## FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90091 039 \*\*\*150.00



	DO NOT WRIT	TE IN TH	IIS SPACE		
3.	Date Incorporated or Qualifed				
	09/17/1997				
4.	FEI Number			applied For	
	65-0800094		1	lot Applicable	
5.	Certifcate 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 the curre Personal Property Tax.	ent year	Intangible Yes	□No	
10.	Name and Address of New R	tegister	ed Agent		

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
YOUNG, MATTHEW 17963 103RD TERR. JUPITER FL 33478	81 Name
	82 Street Address (P.O. Box Number is Not Acceptable)
	83
	84 City FL 85 Zip Code
Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statut	tes, the above-named corporation submits this statement for the purpose of changing its register.

Country

30

agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.									
SIGNATURE Signature, typed 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	D DELETE	1.1 TITLE		☐ Change	Addition				
NAME	YOUNG, MATTHEW	1.2 NAME							
STREET ADDRESS	17963 103RD TERR.	1.3 STREET ADDRESS							
CITY-ST-ZIP	JUPITER FL 33478	1.4 CITY-ST-ZIP		<del>_</del>					
TITLE	☐ DELETE	2.1 TITLE		☐ Change	☐ Addition				
NAME		2.2 NAME							
STREET ADDRESS		2.3 STREET ADDRESS							
CITY-ST-ZIP		2. 4 CITY-ST-ZIP							
TITLE	☐ DELETÉ	3.1 TTTLE		Change	Addition				
NAME		3.2 NAME							
STREET ADDRESS		3.3 STREET ADDRESS							
CITY-ST-ZIP		3.4. CITY-ST-ZIP							
TTILE	<b>□</b> DELETE	. 4.1 TITLE		☐ Change	☐ Addition				
NAME		4, 2 NAME							
STREET ADDRESS		4.3 STREET ADDRESS							
CITY-ST-ZIP		4.4 CITY-ST-ZIP							
TITLE	☐ DELETE	5.1 TITLE		☐ Change	Addition Addition				
NAME		5.2 NAME							
STREET ADDRESS		5.3 STREET ADDRESS							
CITY-ST-ZIP		5.4 CITY-ST-ZIP							
TITLE	DELETE	6.1 TITLE		☐ Change	Addition				
NAME		6.2 NAME							
STREET ADDRESS		6.3 STREET ADDRESS							
CITY-ST-ZIP	the state of the s	6.4 CITY-ST-ZIP	ortion 110 07/2\/ii\ Elorido Statuto	. I further contifut that the in	formation				

indicated on this annual report or supplied with this filling 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 office 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 13 if changed on an attachment with an address with all other life consequenced. Block 12 or Block 13 if char

**SIGNATURE**