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

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P97000088869 (7)

KIDS ARE IN, INC.

**FILED** Feb 18 1998 8:00am Secretary of State



Principal Place of Business Mailing Address						# 2001/00% 310 (011) 10031 00131 80131 80131 80131 80101 10101 10101 10110 01110 1011		
1905 W 35TH ST 1905 W 35TH ST HALEAH FL 33012						DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualified		
6 Principal P	face of Business	2a. Mailing Add	drage			10/15/1997 4. FEI Number Applied For		
21	,	26				(5-079/84) Not Applica		
Suite, Apt	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional		
22		27				5. Certificate of Status Desired L. Fee Required		
City & State	e	City & State				6, Election Campaign Financing \$5.00 May Be		
23	Country	28 Zip	Col	untry		Trust Fund Contribution		
Zip 24	25	29	30	uiiiy	B. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.			
<u> </u>	9. Name and Address of Curr				10. Name and Address of New Registered Agent			
Al	MEIDA, JACKELINE			81	Name			
1905 W 35TH ST				82	Street Add	Iress (P.O. Box Number is Not Acceptable)		
	ALEAH FL 33012							
				83				
				84	City	85 Zip Code		
		500 + 007 4500 FI		<u> </u>		poration submits this statement for the purpose of changing its register		
STNATURE	Signature, typed or printed harno of registered in	apent and litte if applicable	(NO!) Registers			ation's board of directors. I hereby accept the appointment as registered		
12.	PSTD OFFICERS A	ND DIRECTORS	13. DELETE 1.1.7	ITLE	<del> </del>	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addit		
NAME	ALMEIDA, JACKELINE	<b></b>		IAME				
STREET ADDRESS	1905 W 35TH ST				T ADDRESS			
CITY-ST-ZIP	HIALEAH FL 33012		1.4 0	OTY-9	ST-ZIP			
TITLE			DELETE 21 TO			Change Addit		
NAME	NAME		551					
STREET ADDRESS					T ADDRESS			
CITY-S1-ZIP					ST-ZIP	Change Addii		
TITLE			DELETE 317			Change Addi		
NAME STREET ADDRESS					T ADDRESS			
CITY-ST-ZIP			1		ST-ZIP			
TITLE	☐ DELETE			4 1 TITLE		Change Addit		
NAME			4.2	NAME				
STREET ADDRESS			4.3 \$	TREET	T ADDRESS			
CITY-ST-ZIP		·····			ST-ZIP			
TITLE			DELETE 51T			Change Addil		
NAME				NAME				
STREET ADDRESS				-	T ADDRESS			
CITY-ST-ZIP TITLE			DELETE 61 T		ST-ZIP	☐ Change ☐ Addii		
NAME				AME.				
STREET ADDRESS					T ADDRESS			
CITY-ST-ZIP			•		ST-ZIP			
	pertify that the information supplied	with this filing does or				Section 119.07(3)(i). Florida Statutes, I further certify that the information		

reflect the minimation supplied with this limit does not qualify for the exemption stated in Section 1.19.07(3)(). Florida Statutes, 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.