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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P97000107021 1. Corporation Name

RIZ 4 KIDS, INC.

FILED Mar 17, 1999 8:00 am Secretary of State

03-17-1999 90040 021 ***150.00



Principal Place of Business Mailing Address						1 (95)(20) (10 (2))(10)(2) 50() 0	#111 98181 (1811)	*****	1 11 8 41 41 41 41 41 41
2506 COUNTRY GOLF DR. 2506 COUNTRY GOLF DR.									
WELLINGTON FL 33414 WELLINGTON FL 33414								20405	
						DO NOT WR		SPACE	
						3. Date Incorporated or Qualifed			
						12/19/1997			-liad Car
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number			plied For
21 26						65-0817520			ot Applicable
Suite, Apt. #, etc.			_			5. Certifcate of Status Desired		\$8.75 A	I
27							<u> </u>		· —
City & State	e	\vdash	City & State			6. Election Campaign Financing Trust Fund Contribution		\$5.00 Added 1	, ,
23 28 70			Country						10 1 003
Zip	Country	Zip		y		 This corporation owes the cur Personal Property Tax. 	rent year int	angibie □ Yes	□No
24	25	29 30	<u> </u>			10. Name and Address of New	Registered		
	9. Name and Address of Current	Registered Agent	81	1 Nan	 ne	10. Haine and Address of New	registores		
RIZZO, FRANK				1144					
2506 COUNTRY GOLF DR.			82	82 Street Address (P.O. Box Number is Not Acceptable)					
		83							
*****	LINGTON FL 33414		6	'					
			84	4 City	,		FL	85 Zip	Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the								<u>- </u>	
office or r agent. I a	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligati	f Florida. Such change was auti	nonzed by	y the co	orporation	's board of directors. I hereby acce	pt the appoi	ntment as re	egistered
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re	egistered Age	ent signat	ure required v	when reinstating)	DATE		
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO O	FICERS AN		
TITLE	D	☐ DELETE	1.1 TITLE			· ·		Change	☐ Addition
NAME	RIZZO, FRANK		1.2 NAME						1
STREET ADDRESS	2506 COUNTRY GOLF DR.		1.3 STREE	ET ADDRE	ss	•			
CITY-ST-ZIP	WELLINGTON FL 33414		1.4 CITY-	ŞT-ZIP					
TITLE	D DELETE 2.1TI		2.1 TITLE		-			Change	Addition
NAME	RIZZO, ANITA		2.2 NAME						
STREET ADDRESS	2506 COUNTRY GOLF DR.		2.3 STREE	ET ADDRE	ss				-
CITY-ST-ZIP	WELLINGTON FL-33414		· 2. 4 CITY-	ST-ZIP~			Ŧ. • · ·		
TITLE		☐ DELETE	3.1 TITLE					☐ Change	☐ Addition
NAME			3.2 NAME						ļ
STREET ADDRESS			3.3 STRE	ET ADDRE	ESS				1
CITY-ST-ZIP			3.4. CITY-	ST-ZIP					
TITLE	****	☐ DELETE	4.1 TITLE					☐ Change	☐ Addition
NAME			4. 2 NAME	Ĕ					ĺ
STREET ADDRESS			4.3 STRE		ESS	,			1
			4.4 CITY-						\
CITY-ST-ZIP TITLE		☐ DELETE	5.1 TITLE		1			Change	Addition
NAME	· ·		5.2 NAME				•		-
			5.3 STREE		ss				
STREET ADDRESS	·		5.4 CITY-						}
CITY-ST-ZIP		☐ DELETE	6.1 TITLE			·		Change	Addition
TITLE			6.2 NAME					5	-
NAME	1		A.F. 14-741C	-	1				

C/TY-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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS