

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

FILED
Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90088 035 ***150.00

DOCUMENT # P98000036436

1. Corporation Name
KORN KIDS, INC.



Principal Place of Business
2100 SOUTH OCEAN LANE
UNIT 2006
FT. LAUDERDALE FL 33316

Mailing Address
2100 SOUTH OCEAN LANE
UNIT 2006
FT. LAUDERDALE FL 33316

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 5891 S. MILITARY TRAIL		26		04/22/1998	
Suite, Apt #, etc		Suite, Apt #, etc		4. FEI Number	
22		27		65-0829711	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 LAKE WORTH, FL		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip Country		Zip Country		8. This corporation owes the current year Intangible Personal Property Tax <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
24 33463 25 USA		29 30			

9. Name and Address of Current Registered Agent

KORN, DONALD
2200 SOUTH OCEAN LANE
UNIT-208
FT. LAUDERDALE FL 33316

10. Name and Address of New Registered Agent

81 Name	KORN, DONALD
82 Street Address (P.O. Box Number is Not Acceptable)	2100 So. OCEAN LANE
83	UNIT 2006
84 City	FT. LAUDERDALE, FL
85 Zip Code	33316

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

SIGNATURE Donald L. Korn, President DATE 11 MAR 1999

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reconstituting)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	11 TITLE	PRESIDENT (P)(F) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		12 NAME	DONALD L. KORN
STREET ADDRESS		13 STREET ADDRESS	2100 S. OCEAN LANE, UNIT 2006
CITY-ST-ZIP		14 CITY-ST-ZIP	FT. LAUDERDALE, FL 33316
TITLE	<input type="checkbox"/> DELETE	21 TITLE	VICE PRESIDENT (V) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		22 NAME	NANCY S. KORN
STREET ADDRESS		23 STREET ADDRESS	2100 S. OCEAN LANE, UNIT 2006
CITY-ST-ZIP		24 CITY-ST-ZIP	FT. LAUDERDALE, FL 33316
TITLE	<input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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, with all other like empowered.

SIGNATURE: Donald L. Korn
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11 MAR 1999 954/524-9217
Date Date/Time #

CR2E034 (11/98)