## 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 # **P98000043528**1. Corporation Name

KIDS IN GOOD HANDS INC.

## **FILED** Feb 26, 1999 8:00 am Secretary of State

02-26-1999 90068 027 \*\*\*150.00

Principal Place of Business Mailing Address						Treating the feat talk as in			
320 ISLAND WAY #608 320 ISLAND WAY #608 CLEARWATER BEACH FL 33767 CLEARWATER BEACH FL 337			67						
				_	-	DO NOT WRITE	IN THIS S	PACE —	
	-					<ol> <li>Date Incorporated or Qualifed 05/08/1998</li> </ol>			
· ·	ace of Business		iling Address			4. FEI Number 55/079	4		plied For t Applicable
21	# ***	26	te, Apt. #, etc.			J, 00.0 , ,		\$8.75 A	
Suite, Apt.	#, etc.	27	ie, Apt. #, etc.			5. Certificate of Status Desired		Fee Re	
City & State		<u></u> ⊢— '	City & State			6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees			
Zip	Country	Zip		Country	,	8. This corporation owes the currer			
24	25	29	3	0		Personal Property Tax.		<b>y</b>	□No
	9. Name and Address of Curre	nt Registere	d Agent		т	10. Name and Address of New Re	gistered A	gent	
ROD	RIGUEZ, SANDRA			81					·
320 ISLAND WAY #608			82		ress (P.O. Box Number is Not Acceptab				
CLEA	ARWATER BEACH FL 33767			83	·				
				84	1		FL	85 Zip C	
office or r	egistered agent, or both, in the Stat m familiar with, and accept the oblig	e of Florida. S pations of, Sec	uch change was auti tion 607.0505, Florid	norized by la Statutes	the corporati	poration submits this statement for the poon's board of directors. I hereby accept	urpose of ci the appoint	nanging its ment as reg	registered jistered
	Signature, typed or printed name of registered ac			<u> </u>	ent signature require	ed when reinstating)  ADDITIONS/CHANGES TO OFFI		DIRECTO	DS IN 12
12.		ND DIRECTO	DELETE	13. 1.1 TITLE	<del></del>	ADDITIONS/CHANGES TO OFFI		Change	□ Addition
TITLE	PST Rodriguez, Sandra		- DELETE	1.2 NAME					_
NAME	OOO TOLAND MAY 4000				T ADDRESS				Ĭ
STREET ADDRESS	CLEARWATER BEACH FL 337	767		1.4 CITY-5	1				
CITY-ST-ZIP	GELARIWATER BEACTITE GOV		☐ DELETE	2.1 TITLE	31-21		-	Change	☐ Addition
NAME				2.2 NAME			•		}
STREET ADDRESS					ET ADDRESS				ľ
				2.4 CITY-					
CITY-ST-ZIP TITLE			☐ DELETE	3.1 TITLE	51-Zii	-		Change	Addition
NAME			_	3.2 NAME			-		İ
STREET ADDRESS					ET ADDRESS	. ,			ĺ
CITY-ST-ZIP				3.4. CITY-		•			
TITLE		<del></del>	DELETE	4.1 TITLE	-			☐ Change	☐ Addition
NAME				4. 2 NAME	:				
STREET ADDRESS				4.3 STREE	ET ADDRESS				
CITY-ST-ZIP				4.4 CITY-5	ST-ZIP				
TITLE			☐ DELETE	5.1 TITLE				☐ Change	☐ Addition
NAME				5.2 NAME					
STREET ADDRESS				5.3 STREE	ET ADDRESS	·			
CITY-ST-ZIP				5.4 CITY-1	ST-ZIP				
TITLE			☐ DELETE	6.1 TITLE			···	☐ Change	☐ Addition
NAME				6.2 NAME					
STREET ADDRESS				6.3 STREE	ET ADORESS				
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 suppliemental 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 appear with an address, with all other like empowered.

SIGNATURE:

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR