PROFIT . CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000059107

KIDS & (CHEMICALS, INC.	Mailing Address	2				
		265 SUNRISE AVE					
265 SUNRISE AVE 265 SUNRISE AVE SUITE 204 SUITE 204							
PALM BEACH FL 33480 PALM BEACH FL 33480					DO NOT WRITE IN TO	HIS SPACE	
					3. Date Incorporated or Qualifed		
					06/30/1998		-Ead Fas
			2a. Mailing Address		4. FEI Number 65-0868254		plied For ot Applicable
		26			\$8.75 Add		
Suite, Apt. #, etc.		Sulte, Apt. #, etc.			5. Certificate of Status Desired Fee Required		
		City & State		· · · · ·	6. Election Campaign Financing		
City & State			28		Trust Fund Contribution	·	
Zip	Country	Zip	Co	untry	8. This corporation owes the current year	Intangible	
ן -	25	29	30	-	Personal Property Tax.	☐ Yes	⊠ No
	9. Name and Address of Curr			L	10. Name and Address of New Register	ed Agent	
		<u> </u>		81 Name			
MINT	MIRE, DONALD F			82 Street Add	ress (P.O. Box Number is Not Acceptable)		
	SUNRISE AVE		or greet vi				
	E 204			83			
PALA	A BEACH FL 33480	•	•			85 Zip (Code
 Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, office or registered agent, or both, in the State of Florida. Such change was auth agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida 				84 City	F	- L `	
IGNATURE	Signature, typed or printed name of registered agent and title if applicable. (NOTE: R OFFICERS AND DIRECTORS			d Agent signature require	d when reinstating) BATE ADDITIONS/CHANGES TO OFFICERS		RS IN 12
TLE	PST	☐ DELETE				Change	Addition
AME	Richard W.A. Dav	ie	121	WE.			
TREET ADDRESS	265 Sunrise Aven		1.3 \$	TREET ADDRESS			
TY-ST-ZIP			1.40	TTY-ST-ZIP			
TLE	Palm Beach, FL 3	. 33480 · □ DELETE 2.1		TILE		Change	Addition
AME			22)	(AME			
REET ADDRESS			2.3 9	STREET ADDRESS			
TY-ST-ZIP		<u> </u>	• 2.4	CITY-ST-ZIP	<u></u>		
TLE :		☐ DELETE	3.11	m.e		Change	☐ Addition
we			327	WE			
REET ADDRESS			3.3 9	TREET ADDRESS			
TY-ST-ZIP				CITY-ST-ZIP			☐ Addition
TLE	;	DELETE		mle		☐ Change	
WE.				NAME .	•		
REET ADDRESS				STREET ADDRESS			
TY-ST-ZEP			_	4K-17-YTK		[Change	☐ Addition
TLE		☐ DELETE		TTLE		□ cusude	
AME				ANE			
TREET ADDRESS				STREET ADDRESS			
JTY-ST-ZIP		7 80,000		OTY-ST-ZIP		Change	Addition
TILE		☐ DELETE	I	AME	•	☐ 4:m30	_, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
AME							
REET ADDRESS			6.3 5	TREET ADDRESS			

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.

6.4 CTTY-ST-ZEP

SIGNATURE:

CITY-ST-ZIP

4/14/99 561-688-0931

FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90047 038 ***150.00

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