

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$950 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$700).

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P98000060485

1. Corporation Name

KID'S NITE OUT, INC.

Principal Place of Business

14115 NELL ROAD  
ORLANDO FL 32832

Mailing Address

14115 NELL ROAD  
ORLANDO FL 32832

FILED

99 NOV 15 PM 3: 17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT

2. Date incorporated or resumed

07/07/1998

4. FEI Number

59-3535895

Applied For  
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year  
Intangible Personal Property.

☐ Yes ☒ No

2. Principal Place of Business

21 8324 International Dr  
Suite, Apt. #, etc.

2a. Mailing Address

26 8324 International Dr  
Suite, Apt. #, etc.

23 City & State

Orlando, FL 32819

27 City & State

Orlando, FL 32819

24 Zip

25 Country

28 Zip

29 Country

9. Name and Address of Current Registered Agent

CARLISLE, RONALD W  
2431 ALOMA AVE. #165  
WINTER PARK FL 32792

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

*Carol Evans*

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME EVANS, CAROL T  
STREET ADDRESS 14115 NELL ROAD  
CITY-ST-ZIP ORLANDO FL 32832

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS 8324 International Drive  
1.4 CITY-ST-ZIP Orlando, FL 32819

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS 400003059024--0  
-12/02/99--01062--001  
2.4 CITY-ST-ZIP \*\*\*\*\*550.00 \*\*\*\*\*550.00

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS 400003059024--0  
-12/02/99--01062--002  
3.4 CITY-ST-ZIP \*\*\*\*\*200.00 \*\*\*\*\*200.00

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS  
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)(l), 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.

SIGNATURE:

*Carol Evans*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

007764

CR2E034 (5/99)