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CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 PM 8:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S56051** **(3)**

1. Corporation Name
KIDDIE PROOFING, INC.

Principal Place of Business	Mailing Address
5327 SAPPHIRE VALLEY BOCA RATON FL 33486 US	5327 SAPPHIRE VALLEY BOCA RATON FL 33486 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/30/1991
3a. Date of Last Report: 04/22/1994

2. Principal Place of Business	2a. Mailing Address
21 8080 Cleary Blvd	26 10097 Cleary Blvd
Suite, Apt. #, etc. 22 Apt 805	Suite, Apt. #, etc. 27 Suite 339
City & State 23 Plantation, FL	City & State 28 Plantation, FL
Zip / County 24 33324 / 25 U.S.A	Zip / County 29 33324 / 30 U.S.A

4. FEI Number: 65-0279796 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

TIO, EMMALIE
5327 SAPPHIRE VALLEY
BOCA RATON FL 33486

10. Name and Address of New Registered Agent

81 Name: Tio, Emmalie
82 Street Address (P.O. Box Number is Not Acceptable): 8080 Cleary Blvd
83: Apt 805
84 City: Plantation FL 85 Zip Code: 33324

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: Emmalie Tio — Emmalie Tio — 4/18/95
(Signature, typed or printed name of registered agent and title of signatory) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	11 TITLE		☐ Change ☐ Addition
NAME	TIO, ROGER	12 NAME		
STREET ADDRESS	1910 SW 6TH PL	13 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL	14 CITY-ST-ZIP		
TITLE	PSTD	21 TITLE		☑ Change ☐ Addition
NAME	TIO, EMMALIE	22 NAME	Tio, Emmalie	
STREET ADDRESS	5327 SAPPHIRE VALLEY	23 STREET ADDRESS	8080 Cleary Blvd #805	
CITY-ST-ZIP	BOCA RATON FL	24 CITY-ST-ZIP	Plantation, FL 33324	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Emmalie Tio, Emmalie Tio — 4/18/95 — (305) 452-8000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0279796 CP