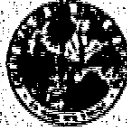


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO NEWSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S62561** (3)

1. Corporation Name

STAR KIDS, INC.

Principal Place of Business

**9166 W. ATLANTIC BLVD.
SUITE 16-18
CORAL SPRINGS FL 33071**

Mailing Address

**12179 N WEST 10 CT.
SUITE 18-18
CORAL SPRINGS FL 33071
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/21/1991

3a. Date of Last Report

06/24/1994

4. FEI Number

65-0281003

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**

7. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21 906 NO. Federal Hwy

2a. Mailing Address

26 906 NO. Fed. Hwy

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

23 FT. LAUD. FLA.

City & State

28 FT. LAUD. FLA.

Zip

24 33304

Country

25 USA.

Zip

29 33304

Country

30 USA.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BERNSTEIN, STEVEN
906 N FEDERAL HWY
SUITE 304
FT LAUDERDALE FL 33304**

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 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

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

NOTE: Registered Agent signature required when re-registering.

DATE

12. OFFICERS AND DIRECTORS

TITLE **D**
NAME **BERNSTEIN, ARLENE**
STREET ADDRESS **9166 W. ATLANTIC BLVD.**
CITY - ST - ZIP **CORAL SPRINGS FL**

TITLE **D**
NAME **BERNSTEIN, STEVEN**
STREET ADDRESS **9166 W. ATLANTIC BLVD.**
CITY - ST - ZIP **CORAL SPRINGS FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME **Arlene Bernstein**
1.3 STREET ADDRESS **12179 N.W. 10th CT**
1.4 CITY - ST - ZIP **Coral Springs, FLA. 33071**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME **Steven Bernstein**
2.3 STREET ADDRESS **12179 NW 10th CT**
2.4 CITY - ST - ZIP **CORAL SPRING, FLA. 33071**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Steven Bernstein

7-5-95

Date

305-527-116F

Daytime Phone #

0141514

FF

CR2E034 (3/95)