FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997

STAR KIDS, INC.



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S62561

(3)

FILED Mar 25 1997 8:00am Secretary of State



Principal Diag	o of Pusings	Mailing Address					
Principal Place of Business 906 N FED HWY SUITE 16-18 FT LAUDERDALE FL 33304		906 N FED HWY Suite 16-18 Ft Laduerdale FL 3	SUITE 16-18 FT LADUERDALE FL 33304-2707				
US		US	U\$		 Date Incorporated or Qualified 06/21/1991 	3a. Date of Last Report 05/01/1996	
2. Principal P	lace of Business	2a. Mailing Address	2a. Mailing Address		4. FEI Number	Applied For	
21		26			65-0281003	Not Applicable	
Suite, Apt.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State	28		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Zip	Country	Zip	Cour	itry	8. This corporation has liability for		
24	25	29	30		Florida Statutes Yes No		
200	9. Name and Address of Curr	ent Registered Agent		B1 Name	10. Name and Address of New Re	gistered Agent	
BERNSTEIN, STEVEN				Name	Name		
SUN	n Federal HWY Te 904		<u> </u>		ress (P.O. Box Number is Not Acceptab	ole)	
FT	AUDERDALE FL 33304			83		, ,	
ı L			[B4 City		FL 85 Zip Code	
11. Pursuant office or reagent. La	to the provisions of Sections 607.0 egistered agent, or both, in the Sta m familiar with, and accept the obl	502 and 607.1508, Florida State of Florida. Such change wigations of, Section 607.0505	atules, the ab as authorized , Florida Statu	ove-named corp by the corporal ites.	poration submits this statement for the p tion's board of directors. I hereby accep	ourpose of changing its registered of the appointment as registered	
SIGNATURE	Signature, typed or printed hank of registered	noon and title if applicable	(NO)) Registered	Agent signature requi	red when rainstating)	DATE	
12.		ND DIRECTORS	13,	. Igen algoritore toqu	ADDITIONS/CHANGES TO OFFIC		
TITLE			1.1 100	.F		☐ Change ☐ Addition	
NAME	B er nstein, arlene		1.2 NA	ΛE .			
STREET ADDRESS 12179 NW 10TH CT			1.3 \$1				
CITY-ST-ZIP	CORAL SPRINGS FL		1.4 CIT	Y-ST-ZIP	•		
TITLE	P DELETE 2.1 TI		.E		☐ Change ☐ Addition		
NAME			2.2 NA	AE			
STREET ADDRESS	12179 NW 10TH CT		23 STREET ADDR				
CITY-ST-ZIP	CORAL SPRINGS FL		2 4 CH	Y-ST-ZIP			
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NAME			3.2 NA	AE			
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3MAM			4. 2 NA	ME Ì)	
STREET ADDRESS			4 3 STR	FET ADDRESS	les.		
CITY-ST-ZIP			4.4 CIT	r-ST-ZIP			
TITUE	•	DELETE 5.1		ŧ		☐ Change ☐ Addition	
NAME			5.2 NAM	AE			
STREET ADDRESS			5.3 STR	EFT ADDRESS			
CITY-ST-ZIP			5.4 CIT	(- S1 - ZIP			
TITLE		DELETE	6.1 TITU	E		☐ Change ☐ Addition	
NAME		*	6.2 NAM	AE			
STREET ADDRESS			6.3 STR	EET ADDRESS			
CITY-ST-ZIP			6.4 CIT	(-ST-ZIP			

14. I do 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.