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Secretary of State

co	PROFIT PROPRATION PUAL REPORT	FLO	RIDA DEPAF Sandra B Secreta	\$550.00  RIMENT OF STATE  S. Mortham  By of State  CORPORATIONS	Apr 18	3 19	ED 97 8:0 y of S	
KIDDIE Principal Pla	IMENT # S934 KOLLEGE, INC.	Mailing Add						
7334 LITTLE F NEW PORT RI	IOHEY FL 34854	7334 LITTLE I NEW PORT R		954-5518	3. Date Incorporated or Q	ualified :	3a. Date of Last F	Report
					11/13/1991		03/08/1996	·
2. Principal I	Place of Business	2a. Mailing A	ddress		4, FEI Number 59-3100260		F	pplied For ot Applicab
Suite, Apt	t. #, etc,	Suite, Ap	t. #, etc.		5, Certificate of Status Des	ired [	CO 7E	Additional
2		27					Fee R	equired
Clify & Sta	NO.	City & St:	য়াও		6. Election Campaign Fina Trust Fund Contribution	ncing [		May Be to Fees
Zip	Country	Zip		Country	8. This corporation has liat	pility for inta	ngible tax under s	
[4]	25 9. Name and Address of	29 Current Registered Age	nt	[30]	Florida Statutes  10. Name and Address of		es No	
11 Durenest	to the provisions of Sections 6	07 0502 and 607 1500 C	lorida Statuts	84 City	vrogation submite this statement	for the nine		Code
11. Pursuant office or agent. I a				ss, the above-named co outhorized by the corporation Statutes.	rporation submits this statement ation's board of directors. I herel		ose of changing in appointment as	
SIGNATURE	Signature, typed or printed name of regis			os, the above-named couthorized by the corporida Statutes.  Registried Agent signature reco	dured when re-nstating)		ose of changing in appointment as	ts registered registered
	Signature, typed or printed name of regis OFFICE	fored agont and title it applicable		ss, the above-named co outhorized by the corporation Statutes.			ose of changing in appointment as	ts registered registered
SIGNATURE  12. TITLE NAME	Signature, typed of printed name of regis OFFICE P GRANT, UNDA F.	fored agont and title it applicable	(NOTE	Projecticed Agent signature recommendation of the component of the compone	dured when re-nstating)		ose of changing is appointment as	ts registered registered
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SIGNATURE 12. IITLE	Signature, typed of printed name of regis OFFICE:  P GRANT, LINDA F. 7334 LITTLE ROAD NEW PORT RICHEY FL VST	Inred agont and title if applicable RS AND DIRECTORS	(NOTE	Projecticed Agent signature recommendation of the component of the compone	dured when re-nstating)		ose of changing is appointment as	ts registered registered RS IN 12
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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 or Lam 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 argress.

SIGNATURE: Charles Grant Chaules Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an argress.

813-848-7723