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

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPÓRATIONS

POCUMENT # \$99579

(2)

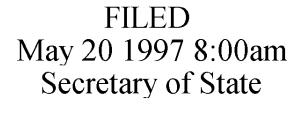
LINDSEY'S KIDDIE KORNER, INC.

Principal Place of Business

1202 WISCONSIN AVE

Mailing Address

1202 WISCONSIN AVE





ST. CLOUD FL	. 34729	ST. CLOUD FL 34769-3634						
					3. Date Incorporated or Qualified 12/11/1991		e of Last 1/1996	Report
<u></u> 1/3/3 ≥	Place of Business	28. Mailing Address	na	116	4. FEI Number			pplied For
21 \' Sulte, Apt.	LYCIILO IT HIV.	26 Z Y Y Y Y Y Y Y Y Y		AVC	59-3104088			lot Applicable
22		27 Suite, Mpt. #, etc.			5. Certificate of Status Desired			Additional Required
23 State 2	Lloud, FL	28 St. COUC	4.15	L	Election Campaign Financing Trust Fund Contribution			May Bo I to Fees
24 0 1	25 OF COD	20 20 30		290K		Yes [No	s. 199.032,
	9. Name and Address of Current I	Registered Agent			10. Name and Address of New Reg	istered A	gent	
AUS	TIN, SHERRI		81	Name				
	KENTUCKY AVENUE CLOUD FL 34769	•	82	Street Add	lress (P.O. Box Number is Not Acceptab	e)		
01.	00000 12 34709		83	·				
			84	City		FL	85 Zip	Code
1	to the provisions of Sections 607.0502 a egistered agent, or both, in the State of im familiar with, and accept the obligation	and 607, 1508, Florida Statules, Florida. Such change was autl ons of, Section 607,0505, Florid	the above horized by la Statute	e-named cor the corpora s.	poration submits this statement for the pation's board of directors. I hereby accep	irpose of it the appo	changing intment a	its registered s registered
SIGNATURE	Signature, lyped or printed name of registered agent a	and title if applicable (NOTE: Fr	egistered Ag	nt signature regu	ired when reinstating)	DATE		
12.	OFFICERS AND I		13.		ADDITIONS/CHANGES TO OFFICE		DIRECTO	RS IN 12
TITLE	D MADION	□ DELETE	1. TITLE				Change	Addition
NAME	HOYLE, MARION 207 FLAGLER CT.		1 2 NAME					
STREET ADDRESS	ST. CLOUD FL		1.4 STREET					į
CITY-ST-ZIP TITLE	D	DELETE	1.4 CHY-S 2 1 THILE	1-71P			Change	Addition
NAME	AUSTIN, SHERRI		2 2 NAME			ı	Crianific	L_J Addylon
STREET ADDRESS	206 KENTUCKY AVE.		2.3 STREET	ADDRESS				
CITY-ST-ZIP	ST. CLOUD FL		2. 4 CITY-					
TITLE	D	☐ DELETE	3.1 TITLE			[Change	Addition
NAME	KUNE, STACY		3.2 NAME					
STREET ADDRESS	1500 LOUISANA AVE.		3.3 STREE1	ADDRESS				
CITY-ST-ZIP	ST. CLOUD FL 34769		3.4 CITY-	31 - ZIP				
TITLE		☐ DELETE	4.1 101.8			l	Change	L Addition
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREET	·				
CITY-ST-ZIP TITLE		DELETE	4.4 CHTY-S 5.1 TITLE	1-710			Change	Addition
NAME		LJ with	5.2 NAME				Change	L.J Addillori
STREET ADORESS			5.3 STREET	ADDRESS				
CITY-ST-ZIP			5.4 CHY-S					
TITLE		DELETE	6.1 TILE			1	Change	Addition
NAME			6.2 NAME				•	
STREET ADDRESS			6.3 STREET	ADDRESS				
CITY-ST-ZIP			6.4 CITY-S	1 - ZiP				
14. Ldo horob	ou certify that the information cumplied u	with this filing does not suggiful for	or the our	motion data	d in Contine (40.07/0)(i) Figure Dist.	17. 11	414 44	

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.