## **FILED** FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **PROFIT** Mar 04 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (2)V21903 KIDDIE KLUB, INC. Principal Place of Business Mailing Address 6201 W. ATLANTIC BLVD 6201 W. ATLANTIC BLVD. MARGATE FL 33063 MARGATE FL 33063 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/16/1992 Principal Place of Business Mailing Address Applied For 2. 26 Not Applicable 21 65-0325934 \$8.75 Additional Suite, Apt. #, etc 5. Certificate of Status Desired Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing П Trust Fund Contribution Added to Fees 23 28 8. This corporation owes or has paid the current ve Country □ No Personal Property Tax due June 30. 24 30 25 g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name PRASAD, KENRICK 6201 W ATLANTIC BLVD Street Address (P.O. Box Number -Acceptable) MARGATE FL 33063 83 Zip Code 11. Pursuant to the provisions of Section 607.0502 and 607.1508 office or registered agent, or both in the State of Florida Such agent. I am familiar with, and appept the obligations of Section Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered change was authorized by the corporation's board of directors. I hereby accept the appointment as registered 607.05 5. Florida Statutes. **SIGNATURE** (NOTE: Registered Agent signature required when reinstaling) OFFICERS AND DIE CTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12. Addition ■ DELETE ☐ Change 1.1 TITLE TITLE NAME Prasad, Kenrick 1.2 NAME STREET ADDRESS 10898 NW 46TH DR 1.3 STREET ADDRESS CORAL SPRINGS FI 1.4 CITY - ST-ZIP CITY-ST-ZIP Change Addition DELETE 2.1 T(TLE TITLE PERSHAD, LINETTE 2.2 NAME NAME 10698 NW 46TH DR 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CORAL SPRINGS FI 2. 4 CITY-ST-ZIP Change ☐ Addition DELETE 31 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE TITLE 4.1 TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TITLE 5 2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP Addition DELETE 6 1 TITLE Change

14. Thereby 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 agricultary 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, of on an attributent with an address.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

MILE

STREET ADDRESS