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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## FILED Apr 15, 1999 8:00 am Secretary of State 04-15-1999 90103 004 \*\*\*150.00

## DOCUMENT # V24420

KIDS ON THE GO. INC.

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Principal Place	e of Business	Mailir	Mailing Address					) (0011 911010 11315 01811 01810 11015 8011 01811 01	DIA BIBLI BIBLI B	
20190 N.E. 15TH	1 COURT	20190	20190 N.E. 15TH COURT							
MIAMI FL 33179			MIAMI FL 33179				ļ		00405	
							-	DO NOT WRITE IN THIS  Date Incorporated or Qualifed	SPACE	
							3.			
a Driveriani Di	lana of Duninana	- 10- M	lailing Address				+	03/20/1992 FEI Number	Ar	plied For
<del>-</del>	lace of Business	—————————————————————————————————————					<b>~</b> .	65-0339559		ot Applicable
Suite, Apt.	# etc		Suite, Apt. #, etc.				+	<u>_</u>		Additional
22	-	<b>—</b>	27 -			. ,	5.	Certificate of Status Desired	- Fee Re	
City & Stat	<del></del>		City & State				6	Election Campaign Financing	\$5.00	May Be
23	-	28	•				"	Trust Fund Contribution		to Fees
Zip	Country	Z	ip	Cou	ntry		8.	This corporation owes the current year Int	angible	
24	25	29		30				Personal Property Tax.	☐ Yes	□No
	9. Name and Address of Cur	тепt Register	ed Agent				10.	Name and Address of New Registered	Agent	
					81	Name				Ļ
	H, BARRY				82	Street Addre	ess (F	P.O. Box Number is Not Acceptable)		
	O NE 15TH CT.	٠,								
	E 809				83					
MIAN	#I FL 33179				84	City			85 Zip	Code
,		^				-		FL	.     `	
11. Pursuant	to the provisions of Sections 607	0502 and 607	1508, Florida Statu	tes, the a	bove	-named corpo	oratio	n submits this statement for the purpose of	changing its	registered
office or r	egistered agent, or both, in the St m familiar with, and accept the ob	ație of Floridai. Montions of Mo	Such change was a ection 607.0505, Fig.	authorized orida Stati	ı by utes.	tne corporatio	on s bo	on submits this statement for the purpose of loard of directors. I hereby accept the appoint	nunent as re	gistered
		V D	7							
SIGNATURE	Signature typed or pripad in my of Agistan	egent and title if ap	plicate (NOTI	: Registered	Agen	t signature required	d when i	reinstating) DATE		
12.	OFFICER	AND DIRECT	ORS	13.				ADDITIONS/CHANGES TO OFFICERS AN		
TITLE	D		☐ DELETE	1.1 TE	ΠE				Change	☐ Addition ]
NAME	ROTH, BERRY ( みみん)	XX /		1.2 N	ME				•	Ì
STREET ADDRESS	20190 N.E. 15TH COURT "	7'		1.3 \$1	REET	ADDRESS				İ
CITY-ST-ZIP	MIAMI FL	1		1.4 CF	TY-S1	r-ZIP				
TITLE			☐ DELETE	2.1 TI	ΠE				Change	☐ Addition
NAMÉ				2.2 N	ME					
STREET ADDRESS				2.3 \$1	REET	ADDRESS				
CITY-ST-ZIP	* '			- 2.4C	TY-S	T-ZIP	-	<u> </u>		· <u>-</u>
TITLE			☐ DELETE	3.1 TT	TLE				Change	☐ Addition
NAME				3.2 N/	ME					ļ
STREET ADDRESS				3.3 \$1	REET	ADDRESS				}
CiTY-ST-ZIP				3.4. C	ITY-S	T-ZIP				
TITLE			☐ DELETE	4.1 TT	TLE				Change	Addition
NAME	,			4. 2 N	AME					
STREET ADDRESS				4.3 \$1	REET	ADDRESS				
CITY-ST-ZIP				4.4 CI	TY-S1	T-ZIP				
TITLE			☐ DELETE	5.1 TT	TLE				☐ Change	Addition
NAME				5.2 N/	WE					
STREET ADDRESS				5.3 S1	REET	ADDRESS				ļ
CITY-ST-ZIP			•	5.4 CI		T-ZIP				
TITLE	*2 1		☐ DELETE	6.1 TI	TLE				Change	☐ Addition
NAME				6.2 N	ME					ļ
STREET ADDRESS				6.3 ST	REET	ADDRESS				

I hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report of 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 empoyared 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 empoyared 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 empoyared as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP