

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 30 AM 8: 59

DOCUMENT # **V28059** (6)

1. Corporation Name

KID CAPERS, INC

Principal Place of Business

**1065 SILVERBELL ST
HOLLYWOOD FL 33019
US**

Mailing Address

**1065 SILVERBELL ST
HOLLYWOOD FL 33019
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/10/1992

3a. Date of Last Report

05/01/1994

4. FEI Number

59-3114169

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

24

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

9. Name and Address of Current Registered Agent

**DETTMAN, RICHARD V.
1065 SILVERBELL ST
HOLLYWOOD FL 33109**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature (Typed or printed name of registered agent and Me if applicable)

(If Not Registered Agent signature required after notification)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME
DVS	LEAL, LILIAN N.
NAME	1065 SILVERBELL ST
STREET ADDRESS	HOLLYWOOD FL
CITY ST ZIP	
TITLE	DPT
NAME	DETTMAN, RICHARD V.
STREET ADDRESS	1065 SILVERBELL ST
CITY ST ZIP	HOLLYWOOD FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	Change	Addition
12 NAME	☐	☐
13 STREET ADDRESS	☐	☐
14 CITY ST ZIP	☐	☐
21 TITLE	☐	☐
22 NAME	☐	☐
23 STREET ADDRESS	☐	☐
24 CITY ST ZIP	☐	☐
31 TITLE	☐	☐
32 NAME	☐	☐
33 STREET ADDRESS	☐	☐
34 CITY ST ZIP	☐	☐
41 TITLE	☐	☐
42 NAME	☐	☐
43 STREET ADDRESS	☐	☐
44 CITY ST ZIP	☐	☐
51 TITLE	☐	☐
52 NAME	☐	☐
53 STREET ADDRESS	☐	☐
54 CITY ST ZIP	☐	☐
61 TITLE	☐	☐
62 NAME	☐	☐
63 STREET ADDRESS	☐	☐
64 CITY ST ZIP	☐	☐

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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.

SIGNATURE:

RICHARD DETTMAN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/95 305 921-2304
DATE TELEPHONE #