

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # F93000004683 (9)**

1. Corporation Name  
**KIDSPORTS K.R.C., INC.**



Principal Place of Business: **670 BONDED PARKWAY  
STREAMWOOD IL 60107**  
Mailing Address: **670 BONDED PARKWAY  
STREAMWOOD IL 60107**

3. Date Incorporated or Qualified: **10/18/1993**  
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business (21-24) and Mailing Address (2a-30) fields with sub-headers for Suite, City & State, Zip, and Country.

4. FEI Number: **36-3899956**  
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

9. Name and Address of Current Registered Agent  
**VALENTINO, NORBERT L  
757 SO. NOVA RD.  
ORMOND BEACH FL 32174**

10. Name and Address of New Registered Agent (81-85)  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
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, Sect on 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	VALENTINO, NORBERT L	
STREET ADDRESS	209 CLUB CIRCLE	
CITY-ST-ZIP	BARRINGTON IL 60010	
TITLE	VCD	<input type="checkbox"/> DELETE
NAME	VALENTINO, WILLIAM A	
STREET ADDRESS	209 CLUB CIRCLE	
CITY-ST-ZIP	BARRINGTON IL 60010	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LAGAMBINA, JASPER	
STREET ADDRESS	25 W 120 SCHICK RD	
CITY-ST-ZIP	BLOOMINGDALE IL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CASCIO, SAMUEL J DR.	
STREET ADDRESS	26 GREYSTONE LANE	
CITY-ST-ZIP	N. BARRINGTON IL 60010	
TITLE	P	<input type="checkbox"/> DELETE
NAME	VALENTINO, LINDA L	
STREET ADDRESS	209 CLUB CIRCLE	
CITY-ST-ZIP	BARRINGTON IL 60010	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *William A. Valentino*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/29/96 (208) 289-2626  
DATE OF FILING DATE OF FILING

CR2E034 (3/96)