

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY 1 PM 7:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G12396** (9)

1. Corporation Name
CRIBS & CRADLES, INC.

Principal Place of Business	Mailing Address
2625 W NEW HAVEN AVE W.MELBOURNE FL 32904-3702 US	2625 W NEW HAVEN AVE W.MELBOURNE FL 32904-3702 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 12/08/1982	3a. Date of Last Report 03/18/1994
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2. Principal Place of Business	2a. Mailing Address
21 35 W. Hibiscus Blvd.	26 35 W. Hibiscus Blvd
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State MELBOURNE, FL	28 City & State MELBOURNE, FL
24 Zip 32901	29 Zip 32901
25 Country U.S.	30 Country U.S.

4. FEI Number 59-2235894	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under S. 198.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**REINMAN, JAMES L.
1825 SOUTH RIVERVIEW DRIVE
MELBOURNE FL 32901**

10. Name and Address of New Registered Agent

81 Name TIM HAYES.
82 Street Address (P.O. Box Number is Not Acceptable) 35 W. Hibiscus Blvd.
83
84 City MELBOURNE
85 Zip Code FL 32901

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 provisions of, Section 607.0505, Florida Statutes.

SIGNATURE *[Signature]* DATE **4/22/95.**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P
NAME	BAUER, DEELEE
STREET ADDRESS	2516 W NEW HAVEN AVE
CITY - ST - ZIP	WEST MELBOURNE FL
TITLE	D
NAME	HAYES, JOANNE
STREET ADDRESS	2516 W NEW HAVEN AVE
CITY - ST - ZIP	WEST MELBOURNE FL
TITLE	D
NAME	HAYES, T F
STREET ADDRESS	2516 W NEW HAVEN AVE
CITY - ST - ZIP	WEST MELBOURNE FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	BAUER, DEE LEE	
13 STREET ADDRESS	35 W. Hibiscus Blvd.	
14 CITY - ST - ZIP	MELBOURNE, FL 32901	
21 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	HAYES, JOANNE	
23 STREET ADDRESS	35 W. Hibiscus Blvd.	
24 CITY - ST - ZIP	MELBOURNE, FL 32901	
31 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	HAYES, T. F.	
33 STREET ADDRESS	35 W Hibiscus Blvd.	
34 CITY - ST - ZIP	MELBOURNE, FL 32901	
41 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(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 007, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **DEE LEE BAUER** DATE **4/24/95, (402) 676-1400**