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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Apr 29, 1999 8:00 am Secretary of State 04-29-1999 90222 035 ***150.00

1999
DOCUMENT # V41092
1. Corporation Name

BABY SAFE, CO.	
Principal Place of Business	Mailing Address
3505 27TH STREET COURT BRADENTON FL 34208	3505 27TH STREET COURT BRADENTON FL 34208

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	27TH STREET COURT SENTON FL 34208 BRADENTON FL 34208 3505 27TH STREET COURT BRADENTON FL 34208					DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 06/04/1992							
2. Principal Pla	Principal Place of Business 2a. Mailing Address						4. FEI Number	A	pplied For				
21		26					65-0342205	_ N	ot Applicable				
Suite, Apt. #	Suite, Apt. #, etc. Suite, Apt. #, etc.				5. Certifcate of Status Desired								
22	27												
City & State		28	City & State				6. Election Campaign Financing S5.00 May to Added to Fee						
Zip	Country	\Box	Zip Coun				8. This corporation owes the current year Intan		ra				
24	25	29	3	0			Tersonal Topolity Vax.	Yes	□No				
	9. Name and Address of Current	Regis	stered Agent				10. Name and Address of New Registered Ag	ent					
	. <u></u>				81	Name							
BAUBLITZ, SAM 3505 27TH STREET COURT					82	Street Add	dress (P.O. Box Number is Not Acceptable)						
	ENTON FL 34208			ŀ	83								
-	er en ein im de en er en				84	City	P.	85 Zip	Code				
-	- P. H. L.		<u> </u>				FL FL	٠					
SIGNATURE	11. Pursuant to the provisions of Actions 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 proton 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 familia futh, and adcept the obligations of accept the obligations of accept the obligations of accept the obligations of accept the appointment as registered agent. I am familia futh, and adcept the obligations of accept the obligations of accept the obligations of accept the appointment as registered agent. I am familia futh, and adcept the obligations of accept the appointment as registered agent. I am familia futh, and adcept the obligations of accept the appointment as registered agent. I am familia futh, and adcept the obligations of accept the appointment as registered agent. I am familia futh accept the obligations of accept the appointment as registered agent. I am familia futh accept the obligations of accept the appointment as registered agent. I am familia futh accept the obligations of accept the appointment as registered agent. I am familia futh accept the obligations of accept the appointment as registered agent. I am familia futh accept the obligations of accept the a												
8	signature, typed or printer name of registered agent				Agen	t signature requir	red when reinstating) DATE	DIDEOT	2DC IN 42				
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14. I hereby 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 experimental minual 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 of the receiver of 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 of the corporation with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-99 941-7391896