


FILED

Apr 21 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 359467		(8)			
1. Corporation Name BABBITT'S BINDERY, INC.					
Principal Place of Business 511 BROOKHAVEN DRIVE ORLANDO FL 32803			Mailing Address 511 BROOKHAVEN DRIVE ORLANDO FL 32803-2502		
2. Principal Place of Business			2a. Mailing Address		
21 Suite, Apt. #, etc.			26 Suite, Apt. #, etc.		
22 City & State			27 City & State		
23 Zip Country			28 Zip Country		
24 25			29 30		
9. Name and Address of Current Registered Agent					
BABBITT, ELWYN D. 5641 DEAN ROAD ORLANDO FL 32817					81 Name
					82 Street Address
					83
					84 City
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation is the officer or registered agent, or both, in the State of Florida. Such change was authorized by the corporation. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required)					
12. OFFICERS AND DIRECTORS					
TITLE	PD	<input type="checkbox"/> DELETE		13.	
NAME	BABBITT, ELWYN D.			1.1 TITLE	
STREET ADDRESS	5641 DEAN ROAD			1.2 NAME	
CITY - ST - ZIP	ORLANDO FL			1.3 STREET ADDRESS	
TITLE	VD	<input type="checkbox"/> DELETE		1.4 CITY - ST - ZIP	
NAME	BABBITT, LOIS E.			2.1 TITLE	
STREET ADDRESS	5641 DEAN RD			2.2 NAME	
CITY - ST - ZIP	ORLANDO FL			2.3 STREET ADDRESS	
TITLE	TD	<input type="checkbox"/> DELETE		2.4 CITY - ST - ZIP	
NAME	BABBITT, DEWAYNE			3.1 TITLE	
STREET ADDRESS	4049 ALICIA CT.			3.2 NAME	
CITY - ST - ZIP	ORLANDO FL			3.3 STREET ADDRESS	
TITLE	SD	<input type="checkbox"/> DELETE		3.4 CITY - ST - ZIP	
NAME	FREEMAN, JOYCE			4.1 TITLE	
STREET ADDRESS	5201 N. INDIANA AVE.			4.2 NAME	
CITY - ST - ZIP	WINTER PARK FL			4.3 STREET ADDRESS	
TITLE		<input type="checkbox"/> DELETE		4.4 CITY - ST - ZIP	
NAME				5.1 TITLE	
STREET ADDRESS				5.2 NAME	
CITY - ST - ZIP				5.3 STREET ADDRESS	
TITLE		<input type="checkbox"/> DELETE		5.4 CITY - ST - ZIP	
NAME				6.1 TITLE	
STREET ADDRESS				6.2 NAME	
CITY - ST - ZIP				6.3 STREET ADDRESS	
				6.4 CITY - ST - ZIP	
14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Block 12 or Block 13 if changed, or on an attachment with an address.					



CR2E034 (9/96)