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 APR 20 AM 10:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 513362 **(4)**

1. Corporation Name
LUL-A-BYE SITTERS REGISTRY, INC.

Principal Place of Business	Mailing Address
~~2115 NE 11 AVE~~ ~~WILTON MANORS FL 33305~~ ~~US~~	P O BOX 24945 FORT LAUDERDALE FL 33307-1945

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/03/1976	3a. Date of Last Report: 03/04/1994
4. FEI Number: 59-1688856	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21: 9 NE 19TH ND CT	26:
Suite, Apt. #, etc. 22: C 117	Suite, Apt. #, etc. 27:
City & State 23: WILTON MANORS, FL	City & State 28:
Zip 24: 33305 Country 25: US	Zip 29: Country 30:

9. Name and Address of Current Registered Agent

VASTINE, JACK R.
2115 NE 11 AVENUE
WILTON MANORS FL 33305

10. Name and Address of New Registered Agent

81 Name:
82 Street Address (P.O. Box Number is Not Acceptable): 9 NE 19TH CT
83: C 117
84 City: WILTON MANORS FL 85 Zip Code: 33305

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: X Jack R. Vastine — Jack R. Vastine — 4/13/95
Signature of or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE		☐ Change ☐ Addition
NAME	GRABER,JOAN B.	12 NAME		
STREET ADDRESS	1635 HILLWOOD CT S	13 STREET ADDRESS		
CITY-ST-ZIP	SALEM OR	14 CITY-ST-ZIP		
TITLE	STD	21 TITLE		☐ Change ☐ Addition
NAME	GRABER,WAYNE L	22 NAME		
STREET ADDRESS	1635 HILLWOOD CT S	23 STREET ADDRESS		
CITY-ST-ZIP	SALEM OR	24 CITY-ST-ZIP		
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		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 119.07(3)(i), 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: Wayne L. Graber — 1/31/95 — 503-370-9368
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0940830 CP