

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 513362

(4)

1. Corporation Name

LUL-A-BYE SITTERS REGISTRY, INC.



Principal Place of Business

9 NE 19TH NE CT
C 117
WILTON MANORS FL 33305
US

Mailing Address

P O BOX 24945
FORT LAUDERDALE FL 33307-1945

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

3. Date Incorporated or Qualified
09/03/1976

3a. Date of Last Report
04/20/1995

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

VASTINE, JACK R.
9NE 19TH CT
C117
WILTON MANORS FL 33305

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1502, 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: JACK R. VASTINE

Jack R. Vastine

5/1/96

12. OFFICERS AND DIRECTORS

TITLE	PD	☒ DELETE
NAME	GRABER, JOAN B.	
STREET ADDRESS	1835 HILLWOOD CT S	
CITY - ST - ZIP	SALEM OR	
TITLE	STD	☒ DELETE
NAME	GRABER, WAYNE L	
STREET ADDRESS	1835 HILLWOOD CT S	
CITY - ST - ZIP	SALEM OR	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	☒ Change ☐ Addition
1.2 NAME	VASTINE, JACK R.	
1.3 STREET ADDRESS	9NE 19TH CT C 117	
1.4 CITY - ST - ZIP	WILTON MANORS FL 33305	
2.1 TITLE	STD	☒ Change ☐ Addition
2.2 NAME	VASTINE, NANCY	
2.3 STREET ADDRESS	9NE 19TH CT C 117	
2.4 CITY - ST - ZIP	WILTON MANORS FL 33305	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		☐ Change ☐ 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Jack R. Vastine JACK R. VASTINE

5/1/96

954-565-1222

CR2E034 (12/95)