

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 763814 (1)

1. Corporation Name

MOTHER'S WORKSHOP INCORPORATED



Principal Place of Business

4240 SW 148 TERR  
MIRAMAR FL 33027  
US

Mailing Address

4240 SW 148 TERR  
MIRAMAR FL 33027  
US

3. Date Incorporated or Qualified

06/17/1982

3a. Date of Last Report

08/24/1995

2. Principal Place of Business

2a. Mailing Address

21 10305 Grove Lane

26 10305 Grove Lane

4. FEI Number

59-2804587

Applied For

☒ Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

City & State

City & State

23 Cooper City, FL

28 Cooper City, FL

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

Zip

Country

Zip

Country

24 33328

25 USA

29 33328

30 USA

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

9. Name and Address of Current Registered Agent

RODRIGUEZ, RITA  
4240 SW 148 TERR  
MIRAMAR FL 33027

10. Name and Address of New Registered Agent

81 Name

Heidi J. Stein

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

10305 Grove Lane

83

84

City Cooper City

FL

85 Zip Code

33328

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Heidi J. Stein

HEIDI J. STEIN

3/5/96

Signature, typed or printed name of registered agent, and date if applicable

(NOTE: Registered Agent signature required when transferring)

DATE

12. OFFICERS AND DIRECTORS

TITLE DC  
NAME RODRIGUEZ, RITA  
STREET ADDRESS 4240 SW 148 TERR  
CITY-ST-ZIP MIRAMAR FL  
☒ DELETE

TITLE CD  
NAME AYLOR, KAREN  
STREET ADDRESS 14101 SW 24 ST  
CITY-ST-ZIP DAVIE FL  
☐ DELETE

TITLE CD  
NAME BERKOW, BETH  
STREET ADDRESS 11601 SW 10 ST  
CITY-ST-ZIP PEMBROKE PINES FL  
☐ DELETE

TITLE CD  
NAME BUMAR, VICKIE  
STREET ADDRESS 11651 SW 10 ST  
CITY-ST-ZIP PEMBROKE PINES FL  
☐ DELETE

TITLE CD  
NAME STEIN, HEIDI  
STREET ADDRESS 10305 GROVE LANE  
CITY-ST-ZIP COOPER CITY FL  
☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP  
☐ Change ☐ Addition

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP  
☐ Change ☐ Addition

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP  
☐ Change ☐ Addition

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP  
☐ Change ☐ Addition

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP  
☒ Change ☐ Addition

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP  
☐ Change ☒ Addition

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Heidi J. Stein HEIDI J. STEIN

Date

Daytime Phone #

CR2E037 (12/95)