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Mar 27 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

10305 GROVE LANE
COOPER CITY FL 33328
US

Mailing Address

10305 GROVE LANE
COOPER CITY FL 33328-4010
US



3. Date Incorporated or Qualified
06/17/1982

3a. Date of Last Report
03/25/1996

2. Principal Place of Business

21 1421 SW 102 AVE
Suite, Apt. #, etc.

2a. Mailing Address

26 1421 SW 102 AVE
Suite, Apt. #, etc.

4. FEI Number
59-2804587

Applied For
Not Applicable

22

27

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

23 City & State

Pembroke Pines, FL

28 City & State

Pembroke Pines, FL

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

24 Zip

33025

Country

U.S.

29 Zip

33025

Country

U.S.

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STEIN, HEIDI
10305 GROVE LANE
COOPER CITY FL 33328

← DELETE

81 Name LAURA GIBSON

82 Street Address (P.O. Box Number is Not Acceptable)
1421 SW 102 ave.

83

84 City Pembroke Pines

FL

85 Zip Code 33025

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 Vickie Bumar - Chairperson - Bd. of Directors 2/26/97
Signature typed 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 CD ☐ DELETE
NAME JOHNSTON, DEBBIE
STREET ADDRESS 12605 NW 13TH COURT
CITY-ST-ZIP SUNRISE FL 33323

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

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

2.1 TITLE ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 7817 Shaliman ST.
2.4 CITY-ST-ZIP MIRAMAR, FLA 33023

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

3.1 TITLE ☐ Addition
3.2 NAME
3.3 STREET ADDRESS 1421 SW 102 ave
3.4 CITY-ST-ZIP Pembroke Pines FLA 33025

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

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

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

5.1 TITLE ☐ Addition
5.2 NAME
5.3 STREET ADDRESS 510 Woodgate Circle
5.4 CITY-ST-ZIP SUNRISE, FLA 33326

TITLE ☐ DELETE
NAME
STREET ADDRESS
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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Vickie Bumar, Vickie BUMAR 2/26/97 437-3531
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0037483

CR2E037 (9/96)