1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # F9600001437 1. Corporation Name

T.C. BABIES, INC.

FILED Mar 24, 1999 8:00 am Secretary of State

03-24-1999 90065 025 ***150.00



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Principal Plac	e of Business	Mailing Address				-{	iii aa iii ba iki ba	il colo l (IDII dia d	COURT COME TOWAR
6621 KRISTINE CT. 6621 KRISTINE CT.						}			
ORLANDO FL 32818 ORLANDO FL 32818									
							VRITE IN TH	IS SPACE	·
						3. Date Incorporated or Qual 03/21/1996	fed		
2. Principal Place of Business 2a. Mailing Address						4. FEI Number		Ap	plied For
21 26						71-0725725		No	t Applicable
- Suite, Apt. #, etc. Suite, Apt. #, etc.			_			5. Certificate of Status Desire	aı. □	\$8.75	
22 27						J. Continuate of Gladus Dublic		Fee Re	equired
City & State City & State						6. Election Campaign Finance	ing 🗀	\$5.00	· ·
23 Zin	Country	28	Cour	ntnı		Trust Fund Contribution		Added t	o Fees
Zip Country Zip 24 25 29 3			Cou	iru y		This corporation owes the Personal Property Tax.	current year I	ntangibre Yes	□No
24	9. Name and Address of Curren		30]			10. Name and Address of No	w Registere		
		it itografia vigorit		81	Name	10. 110.110			
AGUAS, JUAN M				-	<u> </u>	(DO D N 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	t-1-1-3		
,6621 KRISTIN CT				82	Street Addre	ss (P.O. Box Number is Not Acc	eptable)		İ
ORL	ANDO FL 32818		-	83					
			\	24	0"				2.40
	<i>[</i>			84	City		F	L 85 Zip (Code
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statute	s, the at	OVB-	named corpo	ration submits this statement for	the purpose	of changing its	registered
office or r agent. I a	registered agent or both in the State am familiar with any accept the obliga	of Florida. Such change was au tions of, Section 607.0505, Flor	thorized da Statu	by ti ites.	he corporation	i's board of directors. I hereby a	ccept the app	ointment as re	gistered
SIGNATURE JUGUY						VΡ	3/17	199	
	Signature, typed or printed some of registered ager		Registered	Agent	signature required		DATE		
12.		ID DIRECTORS	13.			ADDITIONS/CHANGES TO	OFFICERS A	ND DIRECTO	RS IN 12 Addition
TITLE	PCD HIAN M	. DELÉTE	1.1 717		Ì			C1 Criange	∐ ∧uullon I
NAME	AGUAS, JUAN M 6621 KRISTIN CT		1.2 NA						
STREET ADDRESS	ORLANDO FL 32818		1		ADDRESS (ļ
CITY-ST-ZIP TITLE	VD	☐ DELETE	2.1 TIT	Y-ST-	ZIP			Change	Addition
NAME	AGUAS, LUIS A		2.2 NA		ļ	•			
STREET ADDRESS	6621 KRISTIN CT				ADDRESS .	•			
CITY-ST-ZIP.	ORLANDO FL 32818	and the second of	2.4 CI	-		The second of th	·	-, -,	~~~
TITLE	D -	☐ DELETE	3.1 TIT		-		·	☐ Change	Addition
NAME	AGUAS, MARIA C		3.2 NA	ME.					
STREET ADDRESS	and unions of			REETA	ADDRESS				1
CITY-ST-ZIP	ORLANDO FL 32818		3.4. CI	ry-ST-	- ZIP				
TITLE		☐ DELETE	4.1 TIT	LE				☐ Change	☐ Addition
NAME			4. 2 NA	ME					į
STREET ADDRESS			4.3 ST	REETA	ADDRESS .				i
CITY-ST-ZIP			4.4 C/T	Y-ST-	ZIP	_ _]
TITLE		☐ DELETE	5.1 TIT			`~	•	☐ Change	☐ Addition
NAME ,	•		5.2 NA		{	•			
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP			5.4 CIT		ZIP				T A 2 895
TIFLE		☐ DELETE	6.1 T∤T					☐ Change	☐ Addition
NAME 4 , STREET ADDRESS	MIND AT MAN		6.2 NA		ADDOCAS	•			
			0.3511	3EE1 F	ADDRESS				í

14. I 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED