## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999

FRESH BABIES, INC.



DOCUMENT # **F97000006157**1. Corporation Name

FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Mar 09, 1999 8:00 am Secretary of State **Katherine Harris**

03-09-1999 90134 012 \*\*\*150.00

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Principal Place	of Business	Mailing Addre	ess		·			, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
2073 PORTER LAKE DR. UNIT D		2073 PORTER SARASOTA FL	LAKE DR. UNIT D					
SARASOTA FL 3	9424U	SKINSUIA IL	34240			DO NOT WRITE IN THI	S SPACE	
						Date Incorporated or Qualifed     11/20/1997		
2. Principal Pla	ace of Business	2a. Mailing Ad	idress			4. FEI Number		Applied For
11		26				13-3939766		Not Applicable
Suite, Apt. #	t, etc.	Suite, Apt	. #, etc			5. Certificate of Status Desired		75 Additional
City & State		City & Sta	ite			6. Election Campaign Financing Trust Fund Contribution		.00 May Be ded to Fees
Zip	Country 25	Zip 29	Co.	untry		This corporation owes the current year li Personal Property Tax.	ntangible	⊠No
	9. Name and Address of Cu	rrent Registered Age	nt	T		10. Name and Address of New Registere	d Agent	
CTC	CORPORATION SYSTEM			81	Name			
1200 SOUTH PINE ISLAND ROAD			82	Street Addr	Address (P.O. Box Number is Not Acceptable)			
PLAN	ITATION FL 33324			83				
				84	City	F	L 85	Zip Code
office or re	o the provisions of Sections 607 egistered agent, or both, in the S n familiar with, and accept the of	tate of Florida. Such ch	iange was authorize	d by	the corporation	oration submits this statement for the purpose on's board of directors. I hereby accept the app	of changir pintment	ng its registered as registered

agont, ra	III tattillar tritti, and docopi me congulation of booken and			
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature re	equired when reinstating) DATE	
		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECT	TORS IN 12
12.	OFFICERS AND DIRECTORS  CP		Change	
TITLE	_		origin	ic Dragation
NAME	rose, sheldon r	1.2 NAME		
STREET ADDRESS	8990 WEMBLEY CT	1.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL 34238	1.4 CITY-ST-ZIP		
TITLE	□ ĐELI	ETE 2.1 TITLE	Chan	ge
NAME		2.2 NAME		
STREET ADDRESS		2.3 STREET ADDRESS		
CITY-ST-ZIP		2. 4 CITY-ST-ZIP		
TITLE	☐ D£U	ETE 3.1 TITLE	☐ Chang	je 🗌 Addition (
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		,
CITY-ST-ZIP		3.4. CITY-ST-ZIP	J	<u> </u>
TITLE	☐ DELI	ETE 4.1 TITLE	☐ Chan	ge 🔲 Addition
NAME		4. 2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<u> </u>	
TITLE	☐ DELI	ETE 5.1 TITLE	☐ Chan	je 🗌 Addition
NAME		5.2 NAME	,	
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE	☐ DELI	ETE 6.1 TITLE	☐ Chan	ge 🔲 Addition
NAME		6.2 NAME	·	
STREET ADDRESS		6.3 STREET ADDRESS		
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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 flustee 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 en an attachment with an address, and the like empowered.

SIGNATURE: