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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT # G27964 (7)BABY TENDER LOVE, INC. Principal Place of Business Mailing Address * ALAN L LEVINE % ALAN L LEVINE BO! E OAKLAND BLVD 801 E OAKLAND BLVD OAKLAND PARK FL 33334-2752 OAKLAND PARK FL 33334 3a. Date of Last Report 05/01/1996 3. Date Incorporated or Qualified 03/15/1983 2. Principal Prace of Business 26. Mailing Address 4. FEI Number Applied For 59-2290734 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 6. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees Trust Fund Contribution 28 23 Zψ Country Zip Country 8. This corporation has liability for intengible tax under s. 199.032, 30 Florida Statutes Yes No 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent LEVINE, ALAN L. ESQ. 81 1323 S.E. THIRD AVE. 82 Street Address (P.O. Box Number is Not Acceptable) FT. LAUDERDALE FL 33316 83 84 City Zip Code 85 11. Pursuant to the provisions of Sections 607 0502 and 607 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 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and life if applicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DP DELETE Change Addition TITLE 1.1 TITLE SMITH, EILEEN 1.2 NAME 801 E OAKLAND PK BLVD. STREET ADDRESS 1.3 STREET ADDRESS OAKLAND PARK, FL 00000 CITY - ST-ZIF 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 21 TITLE LARSON, ELAINE 2.2 NAME 801 E OAKLAND PK BLVD. STREET ADDRESS 2.3 STREET ADDRESS OAKLAND PARK, FL 00000 2 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition | 3.1 TITLE ☐ Change TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 34. CITY-ST-ZIP DELETE 4.1 TITLE Change Addition TITLE 4.2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIF DELETE Change Addition 5 1 TITLE TITLE 5.2 NAME MAARE 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-20F 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TIFLE NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS**

14. If 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 agrual report or supplemental impusit report is true and accurate and that my signature shall have the same legal affect as if made under eath; that I am an officer or director of jr. corporation or the receiver of ustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 2 if granged, or on an attachment with an address!

6.4 CITY - ST - ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/07 (954)561-2555

(96/6) (96/6)

FILED

Apr 28 1997 8:00am

Secretary of State