


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

FILED

May 16 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		 <p>FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS</p>													
<b>DOCUMENT # K93329 (6)</b> 1. Corporation Name <b>MOM'S PLACE, INC.</b>															
Principal Place of Business <b>1135 IVAN BLVD LABELLE FL 33935</b>		Mailing Address <b>% PO BOX 250 LABELLE FL 33935 US</b>													
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country													
3. Date Incorporated or Qualified <b>06/06/1989</b>		3a. Date of Last Report <b>05/01/1996</b>													
4. FEI Number <b>65-0182953</b>		Applied For <input type="checkbox"/> Not Applicable													
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>													
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>													
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No															
<b>9. Name and Address of Current Registered Agent</b> <b>RAMUNNI, STEVEN A 150 S MAIN STREET LABELLE FL 33935</b>		<b>10. Name and Address of New Registered Agent</b> 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code													
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____															
<b>12. OFFICERS AND DIRECTORS</b>															
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">           TITLE <input type="checkbox"/> DELETE            NAME <b>DPS</b>            STREET ADDRESS <b>RISLEY, MARY A</b>            CITY-ST-ZIP <b>1135 IVAN BLVD</b>  <b>LABELLE FL 33935</b> </td> <td style="width: 50%;">           1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition            1.2 NAME            1.3 STREET ADDRESS            1.4 CITY-ST-ZIP         </td> </tr> <tr> <td>           TITLE <input type="checkbox"/> DELETE            NAME <b>RISLEY, MARY A</b>            STREET ADDRESS <b>1135 IVAN BLVD</b>            CITY-ST-ZIP <b>LABELLE FL 33935</b> </td> <td>           2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition            2.2 NAME            2.3 STREET ADDRESS            2.4 CITY-ST-ZIP         </td> </tr> <tr> <td>           TITLE <input type="checkbox"/> DELETE            NAME            STREET ADDRESS            CITY-ST-ZIP         </td> <td>           3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition            3.2 NAME            3.3 STREET ADDRESS            3.4 CITY-ST-ZIP         </td> </tr> <tr> <td>           TITLE <input type="checkbox"/> DELETE            NAME            STREET ADDRESS            CITY-ST-ZIP         </td> <td>           4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition            4.2 NAME            4.3 STREET ADDRESS            4.4 CITY-ST-ZIP         </td> </tr> <tr> <td>           TITLE <input type="checkbox"/> DELETE            NAME            STREET ADDRESS            CITY-ST-ZIP         </td> <td>           5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition            5.2 NAME            5.3 STREET ADDRESS            5.4 CITY-ST-ZIP         </td> </tr> <tr> <td>           TITLE <input type="checkbox"/> DELETE            NAME            STREET ADDRESS            CITY-ST-ZIP         </td> <td>           6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition            6.2 NAME            6.3 STREET ADDRESS            6.4 CITY-ST-ZIP         </td> </tr> </table>				TITLE <input type="checkbox"/> DELETE NAME <b>DPS</b> STREET ADDRESS <b>RISLEY, MARY A</b> CITY-ST-ZIP <b>1135 IVAN BLVD</b> <b>LABELLE FL 33935</b>	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	TITLE <input type="checkbox"/> DELETE NAME <b>RISLEY, MARY A</b> STREET ADDRESS <b>1135 IVAN BLVD</b> CITY-ST-ZIP <b>LABELLE FL 33935</b>	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP
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<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>															
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.															
<b>SIGNATURE: Mary A. Risley</b> <b>4/29/97</b> <b>941 675-0885</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #															

CR2E034 (9/96)