

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **M76276** (8)

1. Corporation Name

**BABY SAFETY SPECIALISTS, INC.**



Principal Place of Business

**2139 UNIVERSITY DR.  
SUITE 196  
CORAL SPRINGS FL 33071**

Mailing Address

**2139 UNIVERSITY DR.  
SUITE 196  
CORAL SPRINGS FL 33071**

3. Date Incorporated or Qualified

**04/13/1988**

3a. Date of Last Report

**05/02/1995**

4. FET Number

**65-0149389**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**ROTHSTEIN, SCOTT  
8211 W. BROWARD BLVD., SUITE 420  
FT. LAUDERDALE FL 33324**

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

**FL**

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

Signature of person or persons changing registered office and/or registered agent. (Not Required) Agent's signature and printed name relating to change.

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE  
**D**  
NAME  
**FEDER, ELLEN**  
STREET ADDRESS  
**2139 UNIVERSITY DR. #196**  
CITY-ST-ZIP  
**CORAL SPRINGS FL 33071**

☐ DELETE

TITLE  
**D**  
NAME  
**FEDER, DAVID**  
STREET ADDRESS  
**2139 N. UNIVERSITY #196**  
CITY-ST-ZIP  
**CORAL SPRINGS FL 33071**

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

*Ellen J. Feder*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-96

341-9072

CR2E034 (12/95)