FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9300005610 (1)

TIDY BABY INFANT WORLD, INC.

Principal Place of Business Mailin

Mailing Address

FILED Jun 02 1997 8:00am Secretary of State



1233 S.E. 19TH TERRACE GAINESVILLE FL 32801					1233 S.E. 19TH TERRACE GAINESVILLE FL 32641-8388						
										3. Date Incorporated or Qualified 3a. Date of Last Report 12/08/1993 10/09/1996	
2. 21	Principal Pl	lace of Busi	ness	 	2a. Mailing Address 26					4. FEI Number Applied For 59-2954582 Not Applicable	
	Suite, Apt. #, etc.				Suite, Apt. #, etc.					5. Certificate of Status Desired	
	City & State			28	City & State					6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
	Zip	Country Zip Co					Country 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes				
	Name and Address of Current Registered Agent							10. Name and Address of New Registered Agent			
							81	1	Name		
	HALL, CRAIG F 317 N.E. 1ST ST.						82	1	Street Address (P.O. Box Number is Not Acceptable)		
	GAINESV	1LLE FL 32	2609				83	1			
							B4	†	City	FL 85 Zip Code	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes. SIGNATURE											
		Signature typed	ov printed name of reg			(NOTE:)en	t sign ature n	required when reinstating) DAYE	
12.		D	OFFIC	ERS AND DIF		ELETE	13. 1.1 Title		— г	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITL		_	ICTON MANIE		L1 U	LLE I E	1.2 NAME		- {) Change L. Addition	
	ieet address	4000 0 0 40711 7700							NDDRESS		
-	Y - ST - ZIP	04 H 150 H 1 5 5 1 66664		1			1.4 C(TY-)				
TITL		D				DELETE 2.1 TIT		۷.		☐ Change ☐ Addition	
NAN	GORDON, DOCK			2		2.2 NAME	2.2 NAME		No. 19		
STR	REET ADDRESS	TADDRESS P.O. BOX 2623 N/A			2.5		2.3 STREE	2.3 STREET ADDRESS			
CIT	ST-ZIP GAINESVILLE FL 32601							2.4 CITY-ST-ZIP			
THE	1 -				-			3.1 TITLE		Change Addition	
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	A LINEAU LE EL BOOM			ı			3.3 STREE		1		
THE				***************************************				3.4. CITY-ST-ZIP 4.1 TITLE		☐ Change ☐ Addition	
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	Y-S1-ZIP					ELETE	5.4 CITY -		- ZIP	Change Addition	
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NAM	VIE IEET ADDRESS						6.3 STREE		INDRESS		
	Y-ST-ZIP						6.4 CITY-ST-ZIP				
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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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR M. WAShingtow 5-1-97
Daysing Phone #0011616