

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

FILED
May 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P18425** (9)
1. Corporation Name
BABY SUPERSTORE, INC.



Principal Place of Business 395 WEST PASSAIC ST ROCHELLE PARK NJ 07662	Mailing Address 395 WEST PASSAIC ST ROCHELLE PARK NJ 07662
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/14/1988	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 57-0527831	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525				10. Name and Address of New Registered Agent	
				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				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, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1998			
TITLE	CEO/D	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	CEO/D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	GOLDSTEIN, MICHAEL		1.2 NAME	Robert Nakasone			
STREET ADDRESS	395 WEST PASSAIC ST		1.3 STREET ADDRESS	395 West Passaic St			
CITY-ST-ZIP	ROCHELLE PARK NJ 07662		1.4 CITY-ST-ZIP	ROCHELLE PARK NJ 07662			
TITLE	PD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	BRUCE KRYSIAK	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	NAKASONE, ROBERT		2.2 NAME	BRUCE KRYSIAK			
STREET ADDRESS	395 WEST PASSAIC ST		2.3 STREET ADDRESS	395 West Passaic St			
CITY-ST-ZIP	ROCHELLE PARK NJ 07662		2.4 CITY-ST-ZIP	ROCHELLE PARK NJ 07662			
TITLE	CFO	<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	LIPSCHITZ, LOUIS		3.2 NAME				
STREET ADDRESS	395 WEST PASSAIC ST		3.3 STREET ADDRESS				
CITY-ST-ZIP	ROCHELLE PARK NJ 07662		3.4 CITY-ST-ZIP				
TITLE	VP	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	Michael Miller	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	MILKO, MICHAEL		4.2 NAME	Michael Miller			
STREET ADDRESS	395 WEST PASSAIC ST		4.3 STREET ADDRESS	395 West Passaic St			
CITY-ST-ZIP	ROCHELLE PARK NJ 07662		4.4 CITY-ST-ZIP	ROCHELLE PARK NJ 07662			
TITLE	S	<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	WEISS, ANDRE		5.2 NAME				
STREET ADDRESS	395 WEST PASSAIC ST		5.3 STREET ADDRESS				
CITY-ST-ZIP	ROCHELLE PARK NJ 07662		5.4 CITY-ST-ZIP				
TITLE	AS	<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	TAPLITS, STEVEN		6.2 NAME				
STREET ADDRESS	395 WEST PASSAIC ST		6.3 STREET ADDRESS				
CITY-ST-ZIP	ROCHELLE PARK NJ 07662		6.4 CITY-ST-ZIP				

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 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 *Steven Taplits* 1/29/98 (20) 318-5515

CR2E034 (10/97)