

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 19, 1999 8:00 am
Secretary of State

05-19-1999 90009 011 ***300.00

DOCUMENT # **P18425**

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**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/14/1988

4. FEI Number

57-0527831

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

**225 Summit Avenue
Montvale, NJ 07645**

2a. Mailing Address

**225 Summit Avenue
Montvale, NJ 07645**

24

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USA

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USA

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

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CEOD	<input type="checkbox"/> DELETE
NAME	NAKASONE, ROBERT	
STREET ADDRESS	395 WEST PASSAIC ST	
CITY-ST-ZIP	ROCHELLE PARK NJ 07662	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	KRYSIK, BRUCE	
STREET ADDRESS	395 WEST PASSAIC ST	
CITY-ST-ZIP	ROCHELLE PARK NJ 07662	
TITLE	CFO	<input type="checkbox"/> DELETE
NAME	LIPSCHITZ, LOUIS	
STREET ADDRESS	395 WEST PASSAIC ST	
CITY-ST-ZIP	ROCHELLE PARK NJ 07662	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	MILLER, MICHAEL	
STREET ADDRESS	395 WEST PASSAIC ST	
CITY-ST-ZIP	ROCHELLE PARK NJ 07662	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	WEISS, ANDRE	
STREET ADDRESS	395 WEST PASSAIC ST	
CITY-ST-ZIP	ROCHELLE PARK NJ 07662	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	TAPLITS, STEVEN	
STREET ADDRESS	395 WEST PASSAIC ST	
CITY-ST-ZIP	ROCHELLE PARK NJ 07662	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	225 Summit Avenue
1.3 STREET ADDRESS	Montvale, NJ 07645
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	225 Summit Avenue
3.3 STREET ADDRESS	Montvale, NJ 07645
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	225 Summit Avenue
4.3 STREET ADDRESS	Montvale, NJ 07645
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Dennis Block
5.3 STREET ADDRESS	225 Summit Avenue
5.4 CITY-ST-ZIP	Montvale, NJ 07645
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	225 Summit Avenue
6.3 STREET ADDRESS	Montvale, NJ 07645
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, with all other like empowered.

SIGNATURE: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/198)