FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortnam ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 DOCUMENT # P93000061549 TINY TOTS, INC. Principal Place of Business Mailing Address 2423 S. CONGRESS AUE 2423 S. CONGRESS AVE WEST PALM LOH, FL WEST PALM BCH, FL 3. Date Incorporated or Qualified 3a. Date of Last Report 33406 30 Number 2. Principal Place of Business 2a. Maiirig Address Applied For 65-0433883 26 Not Applicable 21 \$8.75 Additional Suite, Apt # etc Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Country Zip Country Zip 8. This corporation has liability for intangible tax under s. 199.032, Yes ☐ No Florida Statutes 29 30 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent R1 Name GROHMANN, MARK E. Street Address (P.O. Box Number is Not Acceptable) 126 Th DR. N. PALM BOH, FC 83 City Zip Code 33411 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 this 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. S:GNATURE Signature, typed or printed name, of registered agent and tille diapplicabic (NOT: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE Change TITLE 1 1 DILE O.P. GROHMANN, MARK E. 4331 126 DR. DR. N. WEST PALM ACH, FC 33411 DELETE 1 2 NAME NAME 1 3 STREET ADDRESS STREET ADDRESS. 1.4 CHY-ST. 7iP 011Y-51-7P Change Addition 111, £ 2 1 TITLE GROHMANN, JUSAN B. 4331 126TE DR N. WEST PALM BOW, FC J3411 2.2 NAME NAME 2 3 STREET ADDRESS STHEET ADDRESS 2 4 CITY - ST-ZIP CITY ST ZIE Change Addition TITLE 3 1 HILLS 3.2 NAME 100001740541 -03/12/96--01139--017 STREET ADDRESS 3.3 STREET ADDRESS 3 4 CITY - ST - ZIP C-11 - S1 - ZIF DELETE THE 4 1 TITLE 42 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4 4 CITY - ST - ZIP CITY-ST ZIE DELETE Addition 5.1 TITLE Title NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP CITY - ST - 2# TILE DELETE 6 1 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ALCORESS

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 brack 13/11 changed, or on an attachment with an address.

SIGNATURE:

WARK E. GROHMANN POSIANT 3/7/6 967-8343

Dayline Phone Phone Printed NAME OF SIGNING OFFICER OR DIRECTOR

CITY ST ZIE

6 4 CITY - ST - ZIP