FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 APR 28 AM 10:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000074258 (3)

1. Corporation Name
WATERBABYEASE, INC.

Principal Place of Business	Mailing Address
PO BOX 1892 JENSON BCH FL 34958 US	PO BOX 1892 JENSON BCH FL 34958 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/20/1993
3a. Date of Last Report: 04/14/1994

2. Principal Place of Business
21: 1821 HANBY AVE
22: Suite, Apt. #, etc.
23: City & State: Port St Lucie FLA
24: Zip: 34952
25: Country

2a. Mailing Address
26: 1821 HANBY AVE
27: Suite, Apt. #, etc.
28: City & State: Port St Lucie FLA
29: Zip: 34952
30: Country

4. FEI Number: 22-3010599 ☐ 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

POOLE, ALLISON 1821 HANBY AVE. PORT ST. LUCIE FL 34952
(OR)
P.O. BOX 1892
JENSEN BEACH FL 34957.

10. Name and Address of New Registered Agent

81 Name: RICHARD SPENCER
82 Street Address (P.O. Box Number is Not Acceptable): 2 BAY CT
83: BOCA RATON FL 33433
84 City: FL 85 Zip Code: 32433

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: ALLISON S. POOLE ALLISON S. POOLE, PRESIDENT 4/24/95.
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when restoring) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	POOLE, ALLISON (PRES.)	12 NAME	
STREET ADDRESS	~~23411 GARANA CT 5A~~ 1821 HANBY AVE.	13 STREET ADDRESS	
CITY ST ZIP	~~BOCA RATON FL~~ PORT ST. LUCIE, FL. 34952	14 CITY ST ZIP	
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY ST ZIP		24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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)(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: ALLISON S. POOLE ALLISON S. POOLE 4/24/95 (407)398-3230
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

0484131 FP