SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT

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

1996 FILED 95-96 1-7218 C

DOCUMENT # P93000074258 (3)

1. Corporation Name

WATERBABYEASE, INC.

Principal Place of Business	Mailing Address
1821 HANBY AVE PORT ST LUCIE FL 34952 US	1821 HANBY AVE PORT ST LUCIE FL 34952 US

2. Principal Place of Business	2a. Mailing Address
21 94 N. SEWALL'S POINT RD.	26 94 N. SEWALL'S POINT RD.
22 Suite, Apt. #, etc	27 Suite, Apt. #, etc
23 City & State: STUART FL	28 City & State: STUART FL
24 Zip: 34996 25 Country: USA	29 Zip: 34996 30 Country: USA

3. Date Incorporated or Qualified: 10/20/1993
3a. Date of Last Report: 04/28/1995
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 34957

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 94 N. SEWALL'S POINT RD.
83
84 City: STUART **FL** 85 Zip Code: 34996

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 B. POOLE, PRESIDENT — JUNE 14, 1996
Signature, type or print name of registered agent and title if applicable (PRINT Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☒ DELETE
NAME	POOLE, ALLISON	
STREET ADDRESS	23414 SARANA CT	
CITY-ST-ZIP	PORT ST LUCIE FL	
TITLE	PRESIDENT	☐ DELETE
NAME	ALLISON B. POOLE	
STREET ADDRESS	94 N. SEWALL'S POINT ROAD	
CITY-ST-ZIP	STUART FLORIDA 34996	
TITLE		☐ DELETE
NAME	RICHARD D. SEIFER	
STREET ADDRESS	23414 SAVONA COURT	
CITY-ST-ZIP	BOCA RATON FLORIDA 33433	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE		☐ Change ☐ Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TITLE		☒ Change ☐ Addition
22 NAME	→	
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		☒ Change ☐ Addition
32 NAME		
33 STREET ADDRESS	→	
34 CITY-ST-ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

CR2E034 (3/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: ALLISON B. POOLE, PRESIDENT — JUNE 14, 1996 — (561)283-3033
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #