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Apr 14 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000052773 (6)

1. Corporation Name

MOTHERS TO BE & KIDDIE KONSIGNMENT, PLUS MENS, I
NC.



Principal Place of Business

Mailing Address

851 E 434
SUITE 176
LONGWOOD FL 32750

851 E 434
SUITE 176
LONGWOOD FL 32750

2. Principal Place of Business

21 851 East State Road 434

Suite, Apt. #, etc.

22 Suite 176

City & State

23 Longwood, FL

Zip

24 32750

Country

25 US

2a. Mailing Address

26 851 East State Road 434

Suite, Apt. #, etc.

27 Suite 176

City & State

28 Longwood, FL

Zip

29 32750

Country

30 US

3. Date Incorporated or Qualified

07/18/1994

3a. Date of Last Report

04/26/1996

4. FEI Number

59-3256902

Applied For

Not Applicable

6. 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

GRESHAM, DEBBIE
851 E 434
SUITE 176
LONGWOOD FL 32750

10. Name and Address of New Registered Agent

81 Name

Gresham, Debbie

82 Street Address (P.O. Box Number is Not Acceptable)

851 East State Road 434

83

Suite 176

84 City

Longwood

FL

85 Zip Code

32750

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 of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE
NAME GRESHAM, DEBBIE
STREET ADDRESS 851 E 434 #176
CITY-ST-ZIP LONGWOOD FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

1.1 TITLE P ☒ Change ☐ Addition
1.2 NAME Debbie Gresham
1.3 STREET ADDRESS 851 East State Road 434, Suite 176
1.4 CITY-ST-ZIP Longwood, FL 32750

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Debbie Gresham

4/8/97 407-767-5339

CR2E034 (9/96)