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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P95000086486

1. Corporation Name

TINY TOTS EXCHANGE, INC.

Principal	Place of	Business	

Mailing Address

FILED Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90231 003 ***150.00



7962 PINES BL' PEMBROKE PIN	VD. IES FL 33024-6920	7962 PINES BLVD. PEMBROKE PINES FL 33024-	6920		DO NOT V	VRITE IN THIS	SPACE	
				1	Incorporated or Qualit 09/1995	feď		
2. Principal P	lace of Business	2a. Mailing Address			Number			Applied For
21		26		65-	0620413			Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Ceri	ifcate of Status Desired	ı 🗆	•	Additional
22								Required
City & State	e	City & State			tion Campaign Financi	^{ng} □		May Be
23		28			t Fund Contribution			d to Fees
— Zip	Country	Zip	Country		corporation owes the	current year Inta	ingible □Yes	ASNo
24	25		10		sonal Property Tax.	u Ponintorna /		N DAGO
	9. Name and Address of Curren	t Registered Agent	81 Nan		ne and Address of Ne		agent	
HIR	DLEY. JAMIE D		81 Nan	''" Jamie	D. HWY	idley	•	
	6 BOB-O-LINK DRIVE		82 Stre		Box Number is Not Acc	eptable)	_	
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			84 City	Brobeds	e Pines	FL	85 Zi	^{code} 302Ψ
44 0	to the provisions of Sections 607.050	2 and 607 1509° Elorida Statutos	the above name	ed compression sub	mite this statement for	the numose of	changing i	its registered
office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State or familiar with and accept the obliga	of Florida, Such change was aut	thorized by the co	orporation's board	of directors. I hereby ac	cept the appoin	tment as	registered
agent. I a	m tamiliar with and accept the obligation	tions of Section 607 05055 Florid	da Statutes.		,/0	×/98		Į
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SIGNATURE	City of the second second second second second	at and title if applicable (NOTE: 9	Pagistared Apent Signati	ure required when reinstat	ine)	DATE		
	Storetore, typed or printed name of registered ager			ure required when reinstat		OFFICERS AN	D DIRECT	FORS IN 12
12.	OFFICERS AN	nt and title if applicable. (NOTE: F	13.	ADD	TIONS/CHANGES TO		D DIRECT	
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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 changes, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: