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Apr 17 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 # P96000018931 (1)

1. Corporation Name

HAPPY BABY EQUIPMENT RENTAL, INC.

Principal Place of Business

244 PEARL STREET SOUTHWEST
FORT MYERS BEACH FL 33931

Mailing Address

244 PEARL STREET SOUTHWEST
FORT MYERS BEACH FL 33931-3239

3. Date Incorporated or Qualified

02/29/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 290 DRIFTWOOD LN

26 290 DRIFTWOOD LN

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 FT. MYERS BEACH, FLA

28 FT. MYERS BEACH, FLORIDA

Zip Country

Zip Country

24 33931 25 USA

29 33931 30 USA

4. FEI Number

65-0647657

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

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name MARK S. MACFARLAN

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

290 DRIFTWOOD LN

83

84 City

FT. MYERS BEACH,

FL

85 Zip Code

33931

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, 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

MARK S. MACFARLAN PRESIDENT

Mark S. MacFarlan

1-11-97

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PSTD
NAME MACFARLAN, MARK S
STREET ADDRESS 244 PEARL STREET SOUTHWEST
CITY-ST-ZIP FORT MYERS BEACH FL 33931

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 PSTD ☒ Change ☐ Addition

1.2 NAME MACFARLAN MARK S

1.3 STREET ADDRESS 290 DRIFTWOOD LANE

1.4 CITY-ST-ZIP FT. MYERS BEACH, FLA 33931

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 in an addendum with a address.

SIGNATURE:

Mark S. MacFarlan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-11-97 941-982-3573

Daytime Phone #

0408862

CR2E034 (9/96)