## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



LEORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Socretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

P96000027229 (9)

**CRIB 4 LIFE INC** 

## FILED May 15 1998 8:00am Secretary of State

Principal Place	e of Business	Mailing Address							
279 DOUGLAS AVE. ALTAMONTE SPRINGS FL 32714		279 DOUGLAS AVE. ALTAMONTE SPRINGS FL 32714							
i i i i i i i i i i i i i i i i i i i	01111100 12 42111	NETHINOITIE OF THINGS T	L OLIVIA		DO NOT WRITE	E IN THIS S	PACE		
					3. Date Incorporated or Qualified 03/21/1996				
2. Principal Place of Business		2a. Mailing Address			4. FEI Number Applied For				1
21		26			59-3407366		No	of Applicable	1
Suite, Apt	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional equired	
City & State	0	City & State			Flection Campaign Financing     Trust Fund Contribution			May Be to Fees	
Zip 24	Country 25	Žηρ [29]	Country 30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No				
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Ro	agistered A	gent		1
	LO, JAMES		8	1 Name					
	SHRIVER CIRCLE		8:	2 Street Add	ress (P.O. Box Number is Not Accepta	ble)			1
LA	KE MARY FL 32746		8:						-
			6,	]					
			84	4 City		FL	85 Zip	Code	1
11, Pursuant t	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	and 607.1508. Florida Statut Florida, Such change was a	es, the abor authorized b	ve-riamed corp by the corpora	poration submits this statement for the tion's board of directors. I hereby acce		L changing it sintment as	is registered	
agent. Lar	m familiar with, and accept the obligati	ons of, Section 607. <b>0</b> 505, Fid	orida Statuto	os.	·				i
SIGNATURE	Signature, typi 3 or proced ware of triustoned agent	and the dispolation (NOT	F furnishend As	mut signalure morn	red when reinstating)	[JA][			-
12.	OFFICERS AND	and the second of the second o	13.	ger a approximation	ADDITIONS/CHANGES TO OFFI		DIRECTOR	RS IN 12	þ
TITLE	VP	DELETE	1.1 1IIt F				Change	Addition	15
NAME	LILLO, JAMES		12 NAME						2
STREET ADDRESS 919 SHRIVER CIRCLE			1.3 STREET ADDRESS						ĺĔ
CITY-ST-ZIP	LAKE MARY FL		1.4 CITY-	ST - Z(P			Change	Addition	ļ);
TITLE NAME	STANISZEWSKI, MATT	[] DELETE	2.1 TITLE 2.2 NAME			L	Change	■ Addition	1
STREET ADDRESS	919 SHRIVER CIRCLE		1	1 ADDRESS					\
CITY-ST-ZIP	LAKE MARY FL		2. 4 CITY						
TITLE		DELETE	3 1 1MLF			· · · · · · · · · · · · · · · · · · ·	Change	Addition	1
NAME			3 2 NAME						
STREET ADDRESS			3 3 S 1 R F E	1 ADDRESS					
CITY-SI-ZIP			3.4 CITY						
TIFLE		OELETE	4.1 Talle	ľ		ι	Change	Addition	
NAME			4 2 NAMI						
STREET ADDRESS				T ADDRESS					1
CITY-ST-ZIP TITLE		DELETE	5.1 TITLE			T	Change	Addition	1
NAME		FT Access	5.2 NAME					found - sport (e)	1
STREET ADDRESS				LADDRESS					
CITY-ST-ZIP			5.4 C(1)Y-	1					1
TITLE		DILETE	6 1 7 17 LF				Change	Addition	1
NAME			6.2 NAMI						
STREET ADDRESS			63 STHEE	T ADDRESS					
CITY-ST-ZIP			64 CHY-	ST-7IP					1

14. Thereby certify that the information supplied with this filling 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 suppliemental 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 cocaver or trustee empsywered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, q, on an attaching of with readers.

11.0

1/1 1211 1/22