


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

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90004 035 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000038288					
1. Corporation Name TRAVELIN' BABY, INCORPORATED					
Principal Place of Business 901 SOUTH FEDERAL HIGHWAY #201 FORT LAUDERDALE FL 33316			Mailing Address 901 SOUTH FEDERAL HIGHWAY #201 FORT LAUDERDALE FL 33316		



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 777 South Federal Highway Suite, Apt. #, etc. 22 Fort Lauderdale FL City & State 23 33316 USA Zip Country 24 25		2a. Mailing Address 27 777 South Federal Highway Suite, Apt. #, etc. 28 Fort Lauderdale, FL City & State 29 33316 USA Zip Country 30		3. Date Incorporated or Qualified 04/29/1996	
4. FEI Number 65-0662966		Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9. Name and Address of Current Registered Agent WHIDDON, CATHERINE 901 SOUTH FEDERAL HIGHWAY #201 FORT LAUDERDALE FL 33316			10. Name and Address of New Registered Agent 81 Name Whiddon, Catherine 82 Street Address (P.O. Box Number is Not Acceptable) 777 South Federal Highway 83 Ft. Lauderdale 84 City FL 85 Zip Code 33316		

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHIDDON, CATHERINE	1.2 NAME	Whiddon, Catherine
STREET ADDRESS	901 SOUTH FEDERAL HIGHWAY #201	1.3 STREET ADDRESS	777 South Federal Highway
CITY-ST-ZIP	FORT LAUDERDALE FL 33316	1.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33316
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELLOWS, KAREN	2.2 NAME	
STREET ADDRESS	1622 EAST LAKE DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL 33316	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHIDDON, GENE A	3.2 NAME	Whiddon, Gene A
STREET ADDRESS	901 SOUTH FEDERAL HIGHWAY #201	3.3 STREET ADDRESS	777 South Federal Highway
CITY-ST-ZIP	FORT LAUDERDALE FL 33316	3.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33316
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELLOWS, GREGORY	4.2 NAME	
STREET ADDRESS	1622 EAST LAKE DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL 33316	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Catherine Whiddon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CRX034 (1/198)