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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000064077 (6)

TAMPA BAY BABY MAGAZINE, INC.

Principal Place of Business

Mailing Address

FILED May 07 1997 8:00am Secretary of State



3312 HARBOR VIEW TAMPA FL 33611		3312 HARBOR VIEW TAMPA FL 33611-1923						
					3. Date Incorporated or Qualified 07/29/1996	3a. Date of Li	ast Report	
2. Principal Place of Business		2a, Mailing Address	2a. Mailing Address		4. FEI Number 59 - 3407174		Applied For Not Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.			\$8.75 Additional		
22		27			5. Certificate of Status Desired	Fee Required		
City & State		City & State			Election Campaign Financing Trust Fund Contribution	ng \$5.00 May Be Added to Fees		
Zip 24	Country 25	Zip 29	30 Cour	ntry	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes			
	9. Name and Address of Currer	nt Registered Agent		B1 Name	10. Name and Address of New Re	gistered Agent		
FERGUSON, CAROL A 3312 HARBOR VIEW			ľ	81 Name				
	PA FL 33611			82 Street Add	lress (P.O. Box Number is Not Acceptab	le)		
, , , , , , , , , , , , , , , , , , ,				93		· · · · · · · · · · · · · · · · · · ·		
			-	84 City		85	Zip Code	
44 Disease	40 207 010	1007 1500 51 11 0		",			·	
omice or r	edistered adent of both in the State	eoi Fiorida. Such change v	vas authorited	by the corners	poration submits this statement for the pation's board of directors. I hereby accep	urpose of chang- it the appointmer	ng its registered Interest Int	
agent. I a	m lamiliar with, and accept the oblig	ations of, Section 607.0508	5, Florida Statu	tes.				
SIGNATURE	Signature, typed or printed name of registered age	ont and title if applicable	(NOTE: Registered	Agent signature requ	lired when reinstating)	DATE	·	
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIREC		
TITLE	PVST	LJ DELETE			onstance C. Smith	Cha	nge 💢 Addition	
NAME	FERGUSON, CAROL A 3312 HARBOR VIEW		1 2 NAM		/ 	ا ۱۸۱ - العبرات	.	
STREET ADORESS CITY-ST-ZIP	TAMPA FL 33611			FET ADDRESS	1350 U.S. 19 North, Mail Ibarwaler, PL 34624-	PLATION 101.	4	
TITLE		DELETE			inn Ashcraft	72∀U ☐ Cha	nge X Addition	
NAME		_	2.2 NAM	(1)	3		ngo US Noomon	
STREET ADDRESS			2.3 STR	EET ADDRESS	3 W. Kennedy Blvd.			
CITY-ST-ZIP			2. 4 CII	Y - S1 - ZIP	ampa, FL 33606			
TITLE		☐ DELETE	3.17(1).	F	lobert c. Marlowe	Cha	nge X Addition	
NAME			3.2 NAN					
STREET ADDRESS			3.3 STR	EFT ADDRESS 6	701 Forest Avenue, Suite 1	.		
CITY-ST-ZIP TITLE		☐ DELE1E			eu Port Richey, FL 346			
NAME				3	water Carl A.	Cha	nge L.J. Addition	
STREET ADDRESS			4. 2 NAI	III ADDDICO 3	xguson, Carol A. 312 Harbor View			
CITY-ST-ZIP					ampa, FL 38611			
TITLE		DELETE	5 1 TITL		miph, Fu soon	Cha	nge Addition	
NAME			5 2 NAN					
STREET ADDRESS				EET ADDRESS				
CITY-ST-ZIP			5.4 CITY	- \$T - ZIP				
TITLE		DELETE.	6.1 TITL	F		☐ Cha	nge	
NAME	•		6.2 NAN	IE				
STREET ADDRESS	•		6.3 STR	FF1 ADDRESS				
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	6.4 CITY	- S1 - ZIP				

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 on an attachment with an address.

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