


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

FILED

May 01 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 # P96000075865 (1)					
1. Corporation Name BABYLOCKS, INC.					
Principal Place of Business 6300 LA COSTA DR #A BOCA RATON FL 33433			Mailing Address 6300 LA COSTA DR #A BOCA RATON FL 33433-6650		



2. Principal Place of Business 21 5700 E Coach house cir Suite, Apt. #, etc.		2a. Mailing Address 26 5700 E Coach house cir Suite, Apt. #, etc.		3. Date Incorporated or Qualified 09/10/1996		3a. Date of Last Report	
22. City & State 23 Boca Raton, FL		27. City & State 28 Boca Raton, FL		4. FEI Number 59-3401280		Applied For <input type="checkbox"/> Not Applicable	
24. Zip 33486		25. Country USA		29. Zip 33486		30. Country USA	
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			
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No							

9. Name and Address of Current Registered Agent ZUCKER, MELISSA 6300 LA COSTA DR #A BOCA RATON FL 33433				10. Name and Address of New Registered Agent 81 Name Zucker, Melissa 82 Street Address (P.O. Box Number is Not Acceptable) 5700 E Coach house circle 83 84 City Boca Raton FL 85 Zip Code 33486			
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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 Melissa Zucker Melissa Zucker DATE 3/12/97
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZUCKER, MELISSA	1.2 NAME	Zucker, Melissa
STREET ADDRESS	6300 LA COSTA DR #A	1.3 STREET ADDRESS	5700 E Coach house cir.
CITY-ST-ZIP	BOCA RATON FL 33433	1.4 CITY-ST-ZIP	Boca Raton, FL 33486
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZUCKER, ALLAN	2.2 NAME	Zucker, Allan
STREET ADDRESS	6300 LA COSTA DR #A	2.3 STREET ADDRESS	5700 E Coach house cir.
CITY-ST-ZIP	BOCA RATON FL 33433	2.4 CITY-ST-ZIP	Boca Raton, FL 33486
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		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 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.

SIGNATURE: Melissa Zucker Melissa Zucker DATE 3/12/97 561-391-7290
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)