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

FILED
Apr 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000059199

1. Corporation Name
Baby Guard Pool Fence Company

Principal Place of Business	Mailing Address
1417 S. Kirkman Rd #1045 Orlando, Fl. 32811	1417 S. Kirkman Rd. #1045 Orlando, Fl. 32811

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 7/8/97

2. Principal Place of Business	2a. Mailing Address
21 1417 S. Kirkman Rd.	26 1417 S. Kirkman Rd.
Suite, Apt. #, etc 22 1045	Suite, Apt. #, etc. 27 1045
City & State 23 Orlando, Fl	City & State 28 Orlando, Fl
Zip 24 32811 Country 25 USA	Zip 29 32811 Country 30 USA

4. FEI Number: 59-3456015 ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

Amerilawyer Chartered
343 Almeria Ave
Coral Gables, Fl. 33134

10. Name and Address of New Registered Agent

81 Name: SUSAN Currie
82 Street Address (P.O. Box Number is Not Acceptable): 1417 S. Kirkman Rd
83 #1045
84 City: Orlando FL 85 Zip Code: 32811

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: SUSAN CURRIE, Pres. Susan Currie 4/1/98
Signature, typed or printed name of individual with power to sign on behalf of corporation (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President / Director	☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	SUSAN CURRIE		12 NAME	
STREET ADDRESS	1417 S. Kirkman Rd. #1045		13 STREET ADDRESS	
CITY-ST-ZIP	Orlando, FL. 32811		14 CITY-ST-ZIP	
TITLE	Vice President / Director	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	LOUIS C. CURRIE		22 NAME	
STREET ADDRESS	1417 S. Kirkman Rd, #1045		23 STREET ADDRESS	
CITY-ST-ZIP	Orlando, Fl. 32811		24 CITY-ST-ZIP	
TITLE		☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME			32 NAME	
STREET ADDRESS			33 STREET ADDRESS	
CITY-ST-ZIP			34 CITY-ST-ZIP	
TITLE		☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME			42 NAME	
STREET ADDRESS			43 STREET ADDRESS	
CITY-ST-ZIP			44 CITY-ST-ZIP	
TITLE		☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME			52 NAME	
STREET ADDRESS			53 STREET ADDRESS	
CITY-ST-ZIP			54 CITY-ST-ZIP	
TITLE		☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 CITY-ST-ZIP	

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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.

SIGNATURE: SUSAN CURRIE, President Susan Currie 4/1/98 407-522-8555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #