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PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 APR 22 AM 10:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000079919**

1. Corporation Name
BABY'S FIRST, INC.

Principal Place of Business	Mailing Address
9 S. JACKSON STREET QUINCY FL 32351 US	9 S. JACKSON STREET QUINCY FL 32351 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
09/16/1997

4. FEI Number
59-3468773
[ ] 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 the current year Intangible Personal Property Tax [ ] Yes [ ] No

2. Principal Place of Business	2a. Mailing Address
21 3840 N. Monroe St	26 3840 N. Monroe St.
22 Suite, Apt. #, etc. 204	27 Suite, Apt. #, etc. Store # 204
23 City & State Tallahassee, Fl	28 City & State Tallahassee, Fl
24 Zip 32303 25 Country	29 Zip 32303 30 Country

9. Name and Address of Current Registered Agent

JABER, SAED A
324 LEXINGTON RD
TALLAHASSEE FL 32312

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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: Required if Agent Signature Above) Date

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	[ ] DELETE	11 TITLE	[ ] Change [ ] Addition
NAME	SAED, JABER A		12 NAME	500000285885-- E
STREET ADDRESS	324 LEXINTON ROAD		13 STREET ADDRESS	-04/30/98--01117--004
CITY-ST-ZIP	TALLAHASSEE FL 32312		14 CITY-ST-ZIP	****150.00 ****150.00
TITLE	VP	[ ] DELETE	21 TITLE	[ ] Change [ ] Addition
NAME	SAED, LILA A		22 NAME	
STREET ADDRESS	324 LEXINTON ROAD		23 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32312		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	

4/22/99

CR2E034 (11/98)

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: [signature] pres. 4/17/99 850 562-5150
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Telephone Number