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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P97000086318 (7)

BABIES FIRST, INC.

## **FILED** Apr 23 1998 8:00am Secretary of State



Principal Place of Business Mailing Address					
4407 WEST BAY VILLA AVE		_4407_WEST-BAY_VILLA_AVE-			
TAMPA FL 33611		TAMPA FL 33611		DO NOT WRITE IN THIS SPACE	
		•		3. Date Incorporated or Qualified	
				10/06/1997	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26 P.O. BOX	8963	650 799 457	Not Applicable
Suite, Apt	#. etc.	Suite, Apt. #, etc.	<u> </u>	700,77107	\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State	ė	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28 TAMPA	. FL.	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the c	
24	25	29 33674 30	0	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Current			10. Name and Address of New Registere	d Agent
FIN	IGAR, PAMELA		81 Name		
4407 WEST BAY VILLA AVE			82 Street Address (P.O. Box Number is Not Acceptable)		
	MPA FL 33611		62 Sileet Au	idiess (F.O. Box Number is Not Acceptable)	1
174	MI A 1 C 00011		83		
			84 City	F	85 Zip Code
11. Pursuant	to the provisions of Sections 607.0502	and 607,1508, Florida Statutes.	the above-named co	progration 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.					
_			RESIDENT	anti	0 15 1990
SIGNATURE	Vanula Jugas Pl Signature typed or printed name of registered ager	nt and title it applicable (NOTE R	Ingistored Agent signature rec	guired when reinstating) DATE	2/3/1/0
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AF	ND DIRECTORS IN 12
TITLE	PTD	DELETE	1.1 TITLE		Change Addition
NAME	FINGAR, PAMELA		1.2 NAME		
STREET ADDRESS	4407 WEST BAY VILLA AVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33611		1.4 CITY-ST-ZIP		3
TITLE	VSD	DELETE	2.1 TITLE		Change Addition
NAME	WARD, CAROL		2.2 NAME		
STREET ADDRESS	4407 WEST BAY VILLA AVE		2.3 STREET ADDRESS		
CITY-ST-Z#P	TAMPA FL 33611		2. 4 CITY - ST - ZIP		
TITLE		DELETE	3.1 TITLE		Change Addition
NAME	·		3.2 NAME		
STREET ADDRESS			3,3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-S1-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		}
STREET ADDRESS	'	+	5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE	<u> </u>	☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		. —
STREET ADDRESS			6.3 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 logal 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.