

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P97000098739

1. Corporation Name
BABYZONE, INC.

Principal Place of Business
**2300 DIANA DRIVE SUITE 204
HALLANDALE FL 33009**

Mailing Address
**2300 DIANA DRIVE SUITE 204
HALLANDALE FL 33009**

FILED
Apr 02, 1999 8:00 am
Secretary of State

04-02-1999 90006 010 ***158.75



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/19/1997

4. FEI Number
65-0792883

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Election Campaign Financing ☐ **\$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
21 **2500 Bay Drive**
Suite, Apt. #, etc. **4B**

2a. Mailing Address
26 **2500 Bay Drive**
Suite, Apt. #, etc. **4B**

City & State
23 **Pompano Beach FL**
Zip **33062** Country **USA**

City & State
28 **Pompano Beach, FL**
Zip **33062** Country **USA**

9. Name and Address of Current Registered Agent

BEDNARCZUK, LEWIS
2300 DIANA DRIVE SUITE 204
HALLANDALE FL 33009

10. Name and Address of New Registered Agent

81 Name **Lewis Bednarczuk**
82 Street Address (P.O. Box Number is Not Acceptable)
2500 Bay Drive
#4B
83
84 City **Pompano Beach** **FL** 85 Zip Code **33062**

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 **Lewis Bednarczuk**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/30/99
DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **D BEDNARCZUK, LEWIS**
STREET ADDRESS **2300 DIANA DRIVE SUITE 204**
CITY-ST-ZIP **HALLANDALE FL 33009**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME **Bednarczuk, Lewis**
1.3 STREET ADDRESS **2500 Bay Drive #4B**
1.4 CITY-ST-ZIP **Pompano Beach, FL 33062**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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: **Lewis Bednarczuk** **3/30/99** **954-557-6773**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2F034 (11/98)