PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000098629  1. Corporation Name WEBBABIES.COM INC.				99 FEB 23 PH 12: 50  SECRETARY OF STATE TALLAHASSEE FLORIDA	
Principal Place of Business Mailing Address  11250 OLD SAINT AUGUSTINE ROAD 11250 OLD SAINT AUGUSTIN SUITE 15173 SUITE 15173 JACKSONVILLE FL 32257 JACKSONVILLE FL 32257		NE ROAD	DO NOT WRITE IN T	HIS SPACE	
2. Principal P 21 Suite, Apt. 22 City & Stat 23 Zip 24		2a. Mailing Address 26 Suite, Apt. #, etc 27 City & State 28 Zip 29 3 3	Country	3. Date Incorporated or Qualifod 11/24/1998 4. FEI Number 59 - 354 4 791 5. Certificate of Status Desired [ ] 6. Election Campaign Financing Trust Fund Contribution 8. This corporation owes the current year Personal Property Tax. 10. Name and Address of New Register	[   Yes   [   No
AMERILAWYER  343 ALMERIA AVENUE  CORAL GABLES FL 33134  84 City  Coral Gables  11. Pursuant to the provisions of Sections V/7.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered agent. I am familiar wide B & accept the appointment as registered agent. I am familiar wide B & accept the appointment as registered agent. Natical inactivities of Florida. Socient 607.0505, Florida Statutes.  SIGNATURE  By:  Signature. Natical inactivities Vice-President Aperts gnature representation.  All Directors of the Advenue  Coral Gables  FL   85   Zip Code   33134  City  Coral Gables  FL   85   Zip Code   33134  Coral Gables  FL   85   Zip Code   33134  Coral Gables  FL   85   Zip Code   33134  Coral Gables  Signature to the provisions of Sections of Changing its registered agent. I am familiar wide B & accept the appointment as registered agent. I am familiar wide B & accept the appointment as registered agent. I am familiar wide B & accept the appointment as registered agent. I am familiar wide B & accept the appointment as registered agent. I am familiar wide B & accept the appointment as registered agent. I am familiar wide B & accept the appointment as registered agent. I am familiar wide B & accept the appointment as registered agent. I am familiar wide B & accept the appointment as registered agent. I am familiar wide B & accept the appointment as registered agent. I am familiar wide B & accept the acce					
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFMCERS AND PD SAIA, EDWARD 11250 OLD SAINT AUGUSTINE F JACKSONVILLE FL 32257	DÎRECTORS. ☐ DELETE	13. 11 TITLE 12 NAME 13 STREE   ADDRESS 14 CTY-ST. ZIP 21 TITLE	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12 [ ] Change [ ] Addition [ ]
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	THOMPSON, PAUL V II 11250 OLD SAINT AUGUSTINE F JACKSONVILLE FL 32257 STD CHAMPMAN, MARK III 11250 OLD SAINT AUGUSTINE F	MOAD DELETE	22 NAME 23 STREET ADDRESS 2 4 CTY-ST-ZIP 31 TILLE 32 NAME 33 STREET ADDRESS	20000278	[   Change [ ] Addition
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NAME STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS		☐ DELETÉ	5 2 NAME 53 STREET ADDRESS 54 CITY-S1-ZIP 61 TILE 62 NAME 63 STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·	[   Change A Addul

14. Thereby 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, with all other like empowered

SIGNATURE:

SHATURE AND TYPED OFF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-10-99

904-313-2288

FILED

CR2E034 (11/98)