SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
95 JUL 21 PM 12:18
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **S35353** **(9)**

1. Corporation Name

BABY BOOMERS EXCHANGE, INC.

Principal Place of Business	Mailing Address
14341 LAKE CRESCENT PL MIAMI LAKES FL 33014	14341 LAKE CRESCENT PL MIAMI LAKES FL 33014

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/28/1991
3a. Date of Last Report: 03/15/1994

2. Principal Place of Business
21: 6862 N.W. 169 ST
22 Suite, Apt. #, etc:
23 City & State: MIAMI FL
24 Zip: 33015
25 County: Dade

2a. Mailing Address
26: 6862 NW 169 ST.
27 Suite, Apt. #, etc:
28 City & State: MIAMI FL
29 Zip: 33015
30 County: Dade

4. FEI Number: 65-0256814 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

CATHELS, GLORIA S.
14341 LAKE CRESCENT PL
MIAMI LAKES FL 33014

10. Name and Address of New Registered Agent

81 Name: PATRICIA ROTH
82 Street Address (P.O. Box Number is Not Acceptable): 3260 SW 84 Ave
83
84 City: Miami FL 85 Zip Code: 33155

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 _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS		
TITLE	P	11 TITLE	PRESIDENT	☒ Change ☐ Addition
NAME	CATHELS, GLORIA	12 NAME	LINDA DOLLAR	
STREET ADDRESS	14341 LAKE CRESCENT PL	13 STREET ADDRESS	4541 SW 134 COURT	
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP	MIAMI FL 33175	
TITLE	S	21 TITLE	SEC	☒ Change ☐ Addition
NAME	GREEN, TERESA	22 NAME	PATRICIA ROTH	
STREET ADDRESS	7490 SW 168 ST	23 STREET ADDRESS	3260 SW 84 AVE	
CITY-ST-ZIP	MIAMI FL	24 CITY-ST-ZIP	MIAMI FL 33155	
TITLE	T	31 TITLE		☐ Change ☐ Addition
NAME	JOYCE, JUDY	32 NAME		
STREET ADDRESS	511 CONGRESS PKWY	33 STREET ADDRESS		
CITY-ST-ZIP	LAWRENCEVILLE GA	34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

CR2E034 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Linda Dollar LINDA Dollar 7-11-95 305-223.4401

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0010000 CP