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Feb 19 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # S41154 (3)

1. Corporation Name

BABY'S PLACE COFFEE BAR, INC.



Principal Place of Business

1111 DUVAL STREET
KEY WEST FL 33040

Mailing Address

1111 DUVAL STREET
KEY WEST FL 33040-3127

3. Date Incorporated or Qualified

03/27/1991

3a. Date of Last Report

08/12/1996

2. Principal Place of Business

21 3200 U.S. Highway 1
Suite, Apt. #, etc.

2a. Mailing Address

26 P.O. Box 6558
Suite, Apt. #, etc.

4. FEI Number

65-0270782

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

TEPLITSKY, GARY
1111 DUVAL STREET
KEY WEST FL 33040

10. Name and Address of New Registered Agent

01 Name GARY TEPLITSKY
02 Street Address (P.O. Box Number is Not Acceptable)
3200 U.S. HIGHWAY 1
03 AND MILE MARKER 15
04 City KEY WEST FL 05 Zip Code 33040

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 block of applicable

(NOTE: Registered Agent signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
P	TEPLITSKY, GARY	1111 DUVAL STREET	KEY WEST FL	<input type="checkbox"/>
S	TEPLITSKY, OLGA	1111 DUVAL STREET	KEY WEST FL	<input type="checkbox"/>
V	TEPLITSKY, LYNN	1111 DUVAL STREET	KEY WEST FL	<input checked="" type="checkbox"/>
T	TEPLITSKY, IRVING	1111 DUVAL STREET	KEY WEST FL	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
		P.O. Box 1779	Key West, FL 33041	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	Change	Addition
		P.O. Box 1779	Key West, FL 33041	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)