
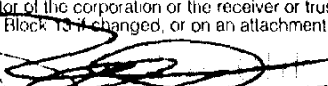


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 02 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # S98574 (4) 1. Corporation Name CHILD BERTH, INC.			
Principal Place of Business 4675 S. TAMIAI TRAIL SARASOTA FL 34231-3416 US		Mailing Address 4675 SO. TAMIAI TRAIL SARASOTA FL 34231-3416 US	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	
9. Name and Address of Current Registered Agent DRAKE, J. KEVIN 1343 MAIN STREET, SUITE 204 SARASOTA FL 34231		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____			
12. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY - ST - ZIP [] DELETE TITLE NAME STREET ADDRESS CITY - ST - ZIP [] DELETE TITLE NAME STREET ADDRESS CITY - ST - ZIP [] DELETE TITLE NAME STREET ADDRESS CITY - ST - ZIP [] DELETE TITLE NAME STREET ADDRESS CITY - ST - ZIP [] DELETE TITLE NAME STREET ADDRESS CITY - ST - ZIP [] DELETE		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE [X] Change [] Addition 1.2 NAME Jackie DeVita 1.3 STREET ADDRESS 4675 S. Tamiami Tr. 1.4 CITY - ST - ZIP Sarasota, FL 34231-3416 2.1 TITLE [X] Change [] Addition 2.2 NAME Richard M. DeVita 2.3 STREET ADDRESS 4675 S. Tamiami Tr. 2.4 CITY - ST - ZIP Sarasota, FL 34231-3416 3.1 TITLE [] Change [X] Addition 3.2 NAME Jeffrey Leary 3.3 STREET ADDRESS 4675 S. Tamiami Tr. 3.4 CITY - ST - ZIP Sarasota, FL 34231-3416 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 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		3/8/97 941-921-9422 Daytime Phone: 0423916	



CR2E034 (9/96)