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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V35081

1. Corporation Name JUVENILE PRODUCTS CORP.			
Principal Place of Business Mai	iling Address		t todat ottobo sieds ofste dolor edion tiet dien 410ft étése dééte deste dout (00)
MIAMI FL 33176 MIAI	50 SW 114 PL WI FL 33176		DO NOT WRITE IN THIS SPACE
US US			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed
			05/11/1992
<u> </u>	Mailing Address		4. FEI Number Applied For
21 26	D		65-034 1587 Not Applicable
22 27	Suite, Apt. #, etc.	-	5. Certificate of Status Desired \$8.75 Additional Fee Required
City & State	City & State		6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees
Zip Country 24 25	Żip [Country 30	This corporation owes the current year Intangible Personal Property Tax.
9. Name and Address of Current Registe			10. Name and Address of New Registered Agent
		81 Na	me
FREEMAN, PAUL H. 9100 S DADELAND BLVD		82 Str	eet Address (P.O. Box Number is Not Acceptable)
SUITE 1406		83	
MIAMI FL 33156		84 City	/ 85 Zip Code
agent. I am familiar with, and accept the obligations of, S SIGNATURE	Section 607.0505, Flor	ida Statutes.	orporation's board of directors. I hereby accept the appointment as registered
Signature, typed or printed name of registered agent and title if a			ure required when reinstating) DATE
Signature, typed or printed name of registered agent and title if a 12. OFFICERS AND DIRECT	TORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
Signature, typed or printed name of registered agent and little if a 12. OFFICERS AND DIRECTION PS		13. 1.1 TITLE	
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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 receive or trustee empowered to effect that is report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or of an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PREIDEL //20/99 Daytime Phone

FILED

Feb 11, 1999 8:00am

Secretary of State 02-11-1999 90010 003 ***150.00

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