

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

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Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90138 009 ***158.75

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P97000105436**

1. Corporation Name
BABY-HEAD, INC.



Principal Place of Business 2780 NE 183RD ST APT. 908 N. MIAMI BEACH FL 33160	Mailing Address C/O STUART A. DITSKY CPA PC 733 THIRD AVE., #1900 NEW YORK NY 10017
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 4000 Island Blvd		2a. Mailing Address 26		3. Date Incorporated or Qualified 12/16/1997	
Suite, Apt. #, etc. 22 Apt # 804		Suite, Apt. #, etc. 27		4. FEI Number 65-0801082	
City & State 23 Aventura FL		City & State 28		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24 33160		Country 25 USA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Zip 29		Country 30	
9. Name and Address of Current Registered Agent GAYNOR, ADAM 2780 NE 183RD ST APT. 908 N. MIAMI BEACH FL 33160				8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent GAYNOR, ADAM 2780 NE 183RD ST APT. 908 N. MIAMI BEACH FL 33160				10. Name and Address of New Registered Agent	
81 Name Adam Gaynor		82 Street Address (P.O. Box Number is Not Acceptable) 4000 Island Blvd			
83 Apartment 804		84 City Aventura FL			
		85 Zip Code 33160			

11. Pursuant to the provisions of Sections 607.050(1) 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: Adam Gaynor Adam Gaynor 4/20/99 DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P <input type="checkbox"/> DELETE	NAME GAYNOR, ADAM	1.1 TITLE President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 2780 NE 183RD ST., APT. 908	CITY-ST-ZIP N. MIAMI BEACH FL 33160	1.2 NAME Adam Gaynor	
		1.3 STREET ADDRESS 4000 Island Blvd Apt 804	
		1.4 CITY-ST-ZIP Aventura FL 33160	
TITLE <input type="checkbox"/> DELETE	NAME	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		2.2 NAME	
CITY-ST-ZIP		2.3 STREET ADDRESS	
		2.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE	NAME	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		3.2 NAME	
CITY-ST-ZIP		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE	NAME	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		4.2 NAME	
CITY-ST-ZIP		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE	NAME	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		5.2 NAME	
CITY-ST-ZIP		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE	NAME	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		6.2 NAME	
CITY-ST-ZIP		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

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 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: Adam Gaynor Adam Gaynor 4/20/99 DATE

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

CR2E034 (1/98)