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**APPROVED
AND
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CORPORATION
ANNUAL REPORT
1995



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

95 JUN -7 PM 1:02

DOCUMENT # F01191 (8)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name
TYSON'S TINY TOTS, INC.

Principal Place of Business 542 22ND ST. C/O JOSEPH B.L TYSON WEST PALM BEACH FL 33407-5804	Mailing Address 542 22ND ST. C/O JOSEPH B.L TYSON WEST PALM BEACH FL 33407-5804
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DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/10/1980	3a. Date of Last Report 07/01/1994
21		26		4. FEI Number 59-2665236	Applied For Not Applicable
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Zip	25 Country	29 Zip	30 Country	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
TYSON, JOSEPH B. 542 22ND ST. WEST PALM BEACH FL				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VTD	1 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TYSON, JOSEPH B.	12 NAME	
STREET ADDRESS	524 22ND STREET	13 STREET ADDRESS	
CITY - ST - ZIP	W PALM BEACH FL	14 CITY - ST - ZIP	
TITLE	PD	2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TYSON, MALISSA N	22 NAME	
STREET ADDRESS	542 22ND STREET	23 STREET ADDRESS	
CITY - ST - ZIP	W PALM BEACH, FL 0	24 CITY - ST - ZIP	
TITLE	S	3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TYSON, KARL B	32 NAME	
STREET ADDRESS	542 22ND STREET	33 STREET ADDRESS	
CITY - ST - ZIP	W PALM BEACH, FL 0	34 CITY - ST - ZIP	
TITLE	D	4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUJE, ALTERMEASE	42 NAME	
STREET ADDRESS	C/O 542 22ND STREET	43 STREET ADDRESS	89117
CITY - ST - ZIP	W PALM BEACH FL	44 CITY - ST - ZIP	
TITLE		5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - ZIP	

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)(k), 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: *Malissa N. Tyson* **5-31-95 (407)833-1380**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Anytime Previous)