

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

**FILED**  
**Feb 27, 1999 8:00 am**  
**Secretary of State**

02-27-1999 90024 044 \*\*\*150.00

UW42/04

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



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

DOCUMENT # **P98000096400**

1. Corporation Name  
**CIRCUITTOYS, INC.**



Principal Place of Business  
**9116 TIMBERLIN LAKE ROAD**  
**JACKSONVILLE FL 32256**

Mailing Address  
**9116 TIMBERLIN LAKE ROAD**  
**JACKSONVILLE FL 32256**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**11/12/1998**

4. EIN Number  
**59-354371**

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 owes the current year Intangible Personal Property Tax.  Yes  No

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

10. Name and Address of New Registered Agent

**CHANTEL, PETER T**  
**611 S.E. 13TH STREET, APT. 304**  
**DANIA FL 33004**

81 Name  
**PETER T. CHANTEL**

82 Street Address (P.O. Box Number is Not Acceptable)  
**9116 TIMBERLIN LAKE ROAD**

83

84 City  
**JACKSONVILLE** FL 85 Zip Code  
**32256**

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 607.0506, Florida Statutes.

SIGNATURE **Peter T. Chantel** *Peter T. Chantel* **1/11/99**  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

|                |                                 |
|----------------|---------------------------------|
| TITLE          | <input type="checkbox"/> DELETE |
| NAME           |                                 |
| STREET ADDRESS |                                 |
| CITY-ST-ZIP    |                                 |
| TITLE          | <input type="checkbox"/> DELETE |
| NAME           |                                 |
| STREET ADDRESS |                                 |
| CITY-ST-ZIP    |                                 |
| TITLE          | <input type="checkbox"/> DELETE |
| NAME           |                                 |
| STREET ADDRESS |                                 |
| CITY-ST-ZIP    |                                 |
| TITLE          | <input type="checkbox"/> DELETE |
| NAME           |                                 |
| STREET ADDRESS |                                 |
| CITY-ST-ZIP    |                                 |
| TITLE          | <input type="checkbox"/> DELETE |
| NAME           |                                 |
| STREET ADDRESS |                                 |
| CITY-ST-ZIP    |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |  |
|--------------------|--|
| 1.1 TITLE          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME           | <b>RUSSELL A. CAPPELLINO JR.</b>   |
| 1.3 STREET ADDRESS | <b>9116 TIMBERLIN LAKE RD</b>  |
| 1.4 CITY-ST-ZIP    | <b>JACKSONVILLE, FL 32256</b>  |
| 2.1 TITLE          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME           | <b>PETER T. CHANTEL</b>  |
| 2.3 STREET ADDRESS | <b>9116 TIMBERLIN LAKE RD</b>  |
| 2.4 CITY-ST-ZIP    | <b>JACKSONVILLE, FL 32256</b>  |
| 3.1 TITLE          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME           | <b>DAVID P. KUTZ</b>   |
| 3.3 STREET ADDRESS | <b>3301 NE 5th AVE. #612</b>   |
| 3.4 CITY-ST-ZIP    | <b>MIAMI, FL 33137</b>   |
| 4.1 TITLE          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME           | <b>MARIUSZ D. NDNAK</b>  |
| 4.3 STREET ADDRESS | <b>8078 PEVERLY GLEN VILLAGE LANE # F</b>                                    |
| 4.4 CITY-ST-ZIP    | <b>NORCROSS, GA 30092</b>  |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME           |  |
| 5.3 STREET ADDRESS |  |
| 5.4 CITY-ST-ZIP    |  |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME           |  |
| 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: *Peter T. Chantel* **Peter T. Chantel** **1/11/99** **904 519 6708**  
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (11/98)