

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

FILED
Mar 05 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **275984** (3)
1. Corporation Name
PIXIE PLAYMATES, INC.

Principal Place of Business 2300 BELCHER ROAD P.O. BOX 85 LARGO FL 34641	Mailing Address 2300 BELCHER ROAD P.O. BOX 85 LARGO FL 34641
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 516 N. Ft. Harrison Ave.		2a. Mailing Address 26 516 N. Ft. Harrison Ave.		3. Date Incorporated or Qualified 11/26/1963	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 59-1026151	
City & State 23 Clearwater, FL		City & State 28 Clearwater, FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24 33755		Country 25 USA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country 29 USA		Zip 30 33755		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent LOPATIN, JEFFERY 2300 S. BELCHER ROAD LARGO FL 34641				10. Name and Address of New Registered Agent			
81 Name				HAMDEN H. BASKIN, III, ESQUIRE			
82 Street Address (P.O. Box Number is Not Acceptable)				516 N. Ft. Harrison Ave.			
83							
84 City				Clearwater		85 Zip Code FL 33755	

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  DATE **3-2-98**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	STD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LOPATIN, ARTHUR			1.2 NAME			
STREET ADDRESS	2300 S. BELCHER RD.			1.3 STREET ADDRESS			
CITY-ST-ZIP	LARGO FL			1.4 CITY-ST-ZIP			
TITLE	CD	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LOPATIN, HAROLD			2.2 NAME			
STREET ADDRESS	CTRY VILLAGE HYTHE C1046			2.3 STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON, FL 00000			2.4 CITY-ST-ZIP			
TITLE	PD	<input type="checkbox"/> DELETE		3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LOPATIN, JEFFREY			3.2 NAME	LOPATIN, JEFFREY		
STREET ADDRESS	2300 S. BELCHER RD.			3.3 STREET ADDRESS	516 N.Ft. Harrison Ave.		
CITY-ST-ZIP	LARGO FL			3.4 CITY-ST-ZIP	Clearwater, FL 33755		
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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.

SIGNATURE  DATE **3-2-98**
813-587-6657