

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 325225 (1)

1. Corporation Name
COWGER'S TOY AND HOBBY SHOP, INC.



Principal Place of Business: 2721 S. US #1, STE. 22, FORT PIERCE FL 34982, US
Mailing Address: 2721 S US. #1, STE 22, FORT PIERCE FL 34982, US

3. Date Incorporated or Qualified: 01/17/1968
3a. Date of Last Report: 04/24/1995

21	2. Principal Place of Business	2a	Mailing Address	4.	FEI Number	Applied For
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		NOT APPLICABLE	Not Applicable
22	21-21A	27	21-21A	5.	Certificate of Status Desired	\$8.75 Additional Fee Required
	City & State		City & State		<input type="checkbox"/>	
23		28		6.	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
	Zip		Zip		<input type="checkbox"/>	
24		29		8.	This corporation has liability for intangible tax under s 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Country		Country			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COWGER, LEO M., JR
2721 S. US #1
~~STE. 22~~ STE. 21-21A
FT PIERCE FL 34982

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
FL	85 Zip Code

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

Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-stating) DATE

12. OFFICERS AND DIRECTORS		DELETED
TITLE	PD	<input type="checkbox"/>
NAME	COWGER, DOROTHY E	
STREET ADDRESS	2503 OLEANDER	
CITY-ST-ZIP	FT. PIERCE FL	
TITLE	D	<input type="checkbox"/>
NAME	COWGER JR., LEO M	
STREET ADDRESS	8633 LONESOME PINE TRL.	
CITY-ST-ZIP	FT. PIERCE FL	
TITLE	D	<input type="checkbox"/>
NAME	COWGER, NORMAN L	
STREET ADDRESS	8633 LONESOME PINE TRAIL	
CITY-ST-ZIP	FT. PIERCE FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1	TITLE	<input type="checkbox"/>	<input type="checkbox"/>
1.2	NAME		
1.3	STREET ADDRESS		
1.4	CITY-ST-ZIP		
2.1	TITLE	<input type="checkbox"/>	<input type="checkbox"/>
2.2	NAME		
2.3	STREET ADDRESS		
2.4	CITY-ST-ZIP		
3.1	TITLE	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.2	NAME		
3.3	STREET ADDRESS		
3.4	CITY-ST-ZIP		
4.1	TITLE	<input type="checkbox"/>	<input type="checkbox"/>
4.2	NAME		
4.3	STREET ADDRESS		
4.4	CITY-ST-ZIP		
5.1	TITLE	<input type="checkbox"/>	<input type="checkbox"/>
5.2	NAME		
5.3	STREET ADDRESS		
5.4	CITY-ST-ZIP		
6.1	TITLE	<input type="checkbox"/>	<input type="checkbox"/>
6.2	NAME		
6.3	STREET ADDRESS		
6.4	CITY-ST-ZIP		

COWGER, NORMAN L.

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: *Norman L. Cowger* H-16-96 407-461-4620
Date Daytime Phone #

CR2E034 (12/95)