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Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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 34982-5971
US

3. Date Incorporated or Qualified
01/17/1968

3a. Date of Last Report
04/19/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 STE. 21-21A

27 STE. 21-21A

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COWGER, LEO M., JR
2721 S. US #1
SUITE 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-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME COWGER, DOROTHY E
STREET ADDRESS 2503 OLEANDER
CITY-ST-ZIP FT. PIERCE FL

1.1 TITLE
1.2 NAME COWGER, DOROTHY E.
1.3 STREET ADDRESS 2503 OLEANDER
1.4 CITY-ST-ZIP FT. PIERCE, FL 34982

TITLE D
NAME COWGER JR., LEO M
STREET ADDRESS 8633 LONESOME PINE TRL.
CITY-ST-ZIP FT. PIERCE FL

2.1 TITLE PD
2.2 NAME COWGER, JR. LEO M
2.3 STREET ADDRESS 8633 LONESOME PINE TRL.
2.4 CITY-ST-ZIP FT. PIERCE, FL 34982

TITLE D
NAME COWGER, NORMA L
STREET ADDRESS 8633 LONESOME PINE TRAIL
CITY-ST-ZIP FT. PIERCE FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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:

Leo M. Cowger, Jr.

4.25.97

CR2E034 (9/96)