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

PROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

Feb 11, 1999 8:00am

Secretary of State

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1. Corporation	MENT # 642723 NAME AND SAND TOYS, INC.	}		02-11-1999 90047 036	
Principal Place of Business Mailing Address					
		4400 NORTH DIXIE HIGHWA' OAKLAND PARK FL 33334-38			
•	, , , , , , , , , , , , , , , , , , , ,			DO NOT WRITE IN THE	S SPACE
				Date Incorporated or Qualifed 10/23/1979	
2. Principal Place of Business 2a, Mailing Address			4. FEI Number	Applied For	
26 Suite, Apt. #, etc. Suite, Apt. #, etc.				59-1971571	Not Applicable \$8.75 Additional
22 Suite, Apr.	#, etc.	27		5. Certifcate of Status Desired	Fee Required
City & Stat	e	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year Ir	
24	25		30	Personal Property Tax. 10. Name and Address of New Registered	Yes □No
	9. Name and Address of Curre	nt Registered Agent	81 Name	10. Name and Address of New Registered	Agent
BAKER, RONALD M.					
				dress (P.O. Box Number is Not Acceptable)	
OAKLAND PARK FL 33334			83		
			84 City	FI	85 Zip Code
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statutes	s, the above-named corp	poration submits this statement for the purpose of ion's board of directors. I hereby accept the apportunity	f changing its registered
office or r agent. I a	egistered agent, or both, in the State m familiar with, and accept the oblig	→ of Florida. Such change was aut ations of, Section 607 0505, Florid	thorized by the corporati da Statutes.	ion's board of directors. I hereby accept the appo	intment as registered
SIGNATURE					· · · · · · · · · · · · · · · · · · ·
Signature, typed or printed name of registered agent and title if applicable. (NOTE: R			Registered Agent signature require		ND DIDECTORS IN 42
12.	P OFFICERS A	DELETE	13.	ADDITIONS/CHANGES TO OFFICERS A	Change Addition
	BAKER, RONALD M		1.2 NAME	127	
NAME	4400 N DIXIE HWY		1.3 STREET ADDRESS		
STREET ADDRESS CITY-ST-ZIP	OAKLAND PARK FL		1.4 CITY-ST-ZIP	•	
TITLE .	S	☐ DELETE	2.1 TITLE		Change Addition
NAME	BAKER, JOAN H		2.2 NAME		
STREET ADDRESS	4400 N DIXIE HWY		2.3 STREET ADDRESS	• .	
CITY-ST-ZIP	OAKLAND PARK FL		2. 4 CITY-ST-ZIP	•	•
TITLE .		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		•
STREET ADDRESS			3.3 STREET ADDRESS	The state of the s	1, 100, 314,86,44,95
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE	医二类 人名法格尔特克 香水红菜饼	Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		Capelete	4.4 CITY-ST-ZIP		Change C Addition

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.

5.2 NAME 5.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

ÇITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

☐ DELETE

☐ Change

☐ Addition