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

Mailing Address

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 694768

Principal Place of Business

TOY GENERAL CORPORATION

P OBOX 5403 FT LAUDERDALE FL 33310-5403 US		P.O. BOX 5403 FT. LAUDERDALE FL 33310-5403 US				DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified				
						07/15/1981		_		
2. Principal Pl	2a. Mailing Address	Address			4. FEI Number			pplied For		
21		26			_	59-2 <u>1063</u> 49			ot Applicable	
Suite, Apt. i	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired		•	Additional	
22		27	27			G. Commodic of Cidade Booms		Fee R	equired	
City & State		City & State				6. Election Campaign Financi	<sup>ng</sup> □		May Be	
23		28				Trust Fund Contribution			to Fees	
Zip	Country				Country 8. This corporation owes the current year Intangible					
24	25 29 30			Personal Property Tax. Yes No  10. Name and Address of New Registered Agent						
	9. Name and Address of Currer	t Registered Agent	8	4   11-		10. Name and Address of Ne	w Registered	1 Agent_		
1 51/4	N ALAN B		l°	NE	ame					
LEVAN, ALAN B. 1750 E. SUNRISE BLVD				2 St	reet Addre	t Address (P.O. Box Number is Not Acceptable)				
3RD FLOOR			8	2						
FT. LAUDERDALE FL 33304			°	١,				_		
FI. ENOUGHDALE FE 30004			8	4 Ci	ty		FI	85 Zip	Code	
44 Pursuant	to the provisions of Sections 607.050	2 and 607 1508 Florida Statute	s the abo	ve-nai	med corpo	ration submits this statement for	the nurnose o	of changing its	s registered	
office or re	o the provisions of Sections 607,050 egistered agent, or both, in the State in familiar with, and accept the obliga	of Florida. Such change was au	ithorized b	y the (	corporation	n's board of directors. I hereby a	cept the appo	sintment as re	egistered	
-	Wildings Wild, and coope are conga									
SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Register					ature required	when reinstating)	DATE			
12.	OFFICERS AND DIRECTORS			13.		ADDITIONS/CHANGES TO	OFFICERS A			
TITLE	PD	☐ DELETÉ	1.1 TITLE					☐ Change	☐ Addition	
NAME	LEVAN, ALAN B.		1.2 NAME							
STREET ADDRESS 1750 E. SUNRISE BLVD 3DR FLOOR			1.3 STRE	1.3 STREET ADDRESS						
CITY-ST-ZIP	FT. LAUDERDALE FL		1,4 CITY-			<u> </u>		Chance	- Addition	
TITLE	VTS	DELETE	2.1 TITLE					☐ Change	☐ Addition	
NAME	GIEDZIII, GZZIII			2.2 NAME						
STREET ADDRESS	TELITODICES TO CONTINUE STIP ON THE TELEFORM				RESS					
CITY-ST-ZIP	FT. LAUDERDALE FL		2.4 CITY		·				C Addising	
TITLE			3.1 TITLE					Change	Addition	
NAME			3.2 NAME	Ē						
STREET ADDRESS			3.3 STRE	ET ADDI	RESS					
CITY-ST-ZIP			3.4. CITY		·	_ <del></del>			- Addition	
TITLE		☐ DELETE	4.1 TITLE					☐ Change	☐ Addition	
NAME			4. 2 NAM	E						
STREET ADDRESS			4.3 STRE	ET ADD	RESS					
CITY-ST-ZIP			4.4 CITY						C • 4400 - 5	
TITLE		☐ DELETE	5 1 TITLE					Change	☐ Addition	
NAME			5.2 NAME							
STREET ADDRESS			5.3 STRE		1					
CITY-ST-ZIP			5.4 CITY		_		<del></del>		T A Live	
TITLE DELETE			6.1 TITLE					Change	☐ Addition	
NAME			6.2 NAMI	•	- 1				(	

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

Executive Vice President ED NAME OF SIGNING OFFICER OR DIRECTOR

FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90234 041 \*\*\*150.00