Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90018 033 ***150.00

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

6. Election Campaign Financing

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

Trust Fund Contribution

Personal Property Tax.

Street Address (P.O. Box Number is Not Acceptable)

10/09/1985 4. FEI Number

65-0240459

Applied For

Fee Required

\$5.00 May Be Added to Fees

85 Zip Code

Not Applicable \$8.75 Additional

□No

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H80079

1. Corporation Name BIG BOYS TOYS, INC.

22

23

24

Zip

City & State

Principal Place of Business	Mailing Address	
8300 N.W. 103RD ST HILEAH GARDENS FL 33016	P.O. BOX 2577 HIALEAH FL 33012	
		-
2. Principal Place of Business ·	2a. Mailing Address 26	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	-

27

28

City & State

Zip

29 9. Name and Address of Current Registered Agent

Country

DUNN, LOWELL S 8300 NW 103RD STREET HIALEAH GARDENS FL 33016

	84	City	85	Zip Code
 Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the at 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 appoint	:hang itment	ing its registered t as registered
agent Lam familiar with and accept the obligations of Section 607.0505. Florida Statu	ıtes			

83

Country

30

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SIGNATURE	Stgnature, typed or printed name of registered agent and title if applicable.	(NOTE: Re	gistered Agent signature re	equired when reinstating)	DATÉ	
12.	OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OF		FICERS AND DIRECTOR	R\$ IN 12
TITLE		DELETE	1.1 TITLE		☐ Change	☐ Addition
NAME	MAXWELL, ROBERT G		1.2 NAME			
STREET ADDRESS	135 WESTWARD DR		1.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI SPRINGS FL		1.4 CITY-ST-ZIP			
IMLE		DELETE	2.1 TITLE		☐ Change	Addition
NAME	DUNN, LOWELL S		2.2 NAME			
STREET ADDRESS	ARRA ARREST CONTROL		2.3 STREET ADORESS	-		
CITY-ST-ZIP	HIALEAH GARDENS FL	~-	2.4 CITY-ST-ZIP	· · · · · ·	i ku seeti taan u	-
TITLE		DELETE	3.1 TRTLE		☐ Change	Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY-ST-ZIP			
TITLE		DELETE	4,1 TITLE		☐ Change	☐ Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP	, ,		
TITLE		DELETE	5.1 πTLE		Change	Addition
VAME .	` ·		5.2 NAME			
STREET ADDRESS	,		5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY+ST-ZIP			
TITLE		DELETE	6.1 TITLE		,' Change	☐ Addition
··· NAMÉ i∵'⊶''			6.2 NAME		.1	
STREET ADDRESS	s		6.3 STREET ADDRESS			.*
<u></u>	[· · · · · · · · · · · · · · · · · · ·					

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.

SIGNATURE;