

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

95 MAY - 1 PM 10:01

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**DOCUMENT # J80992 (7)**  
1. Corporation Name  
**LIND TOY CORPORATION**

Principal Place of Business Mailing Address  
**150 N U.S. 1 - SUITE 182 TEQUESTA FL 33469** **150 N U.S. 1 - SUITE 182 TEQUESTA FL 33469**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **06/29/1987** 9a. Date of Last Report **05/01/1994**

4. FEI Number **59-2816433** Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 Zip Country 29 Zip Country 30 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WAGGENER, JANE C.  
C/O JUPITER TEQUESTA NATIONAL BANK  
250 TEQUESTA DR  
TEQUESTA FL 33477**

81 Name **JANE C. WAGGENER**  
82 Street Address (P.O. Box Number is Not Acceptable) **40 PFTM BEACH NATIONAL BANK & TRUST**  
83 **1001 US Hwy ONE, SUITE 100**  
84 City **JUPITER** FL 85 Zip Code **33477**

11. Pursuant to the provisions of Sections 607.0902 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 provisions of Section 607.0505, Florida Statutes.

SIGNATURE

Signature by the printed name of registered agent, if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

**3/19/95**

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>
NAME	<b>LIND, THOMAS</b>
STREET ADDRESS	<b>350 SOUTH BEACH RD</b>
CITY - ST - ZIP	<b>HOBE SOUND FL</b>
TITLE	<b>D</b>
NAME	<b>LIND, NORAH</b>
STREET ADDRESS	<b>350 SOUTH BEACH RD</b>
CITY - ST - ZIP	<b>HOBE SOUND FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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 110.07(3)(4), 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:

**THOMAS M. LIND, President**

**04/26/95 407575267**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #