

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

DOCUMENT # **K12571** (1)

95 MAY -1 AM 10:26

1. Corporation Name
HAPPY HISTORY, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: P.O. BOX 2160 BOCA RATON FL 33427
Mailing Address: P.O. BOX 2160 BOCA RATON FL 33427

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/19/1988		3a. Date of Last Report 05/01/1994	
4. FEI Number 06-0947848		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under S. 192.032, Florida Statutes: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent BRESLOW ARON 7683 ESTRELLA CIRCLE BOCA RATON FL 33433				10. Name and Address of New Registered Agent			
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)			
83				84 City			
				85 FL		85 Zip Code	

11. Pursuant to the provisions of Sections 607.03(2)(b) 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 607.03(2)(b), Florida Statutes.

SIGNATURE OF REGISTERED AGENT: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 NAME D BRESLOW, ARON 7683 ESTRELLA CIR BOCA RATON FL	13.1 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	13.2 STREET ADDRESS	13.3 CITY, ST, ZIP
12.2 NAME D BRESLOW, MARJORIE B.B. 7683 ESTRELLA CIR BOCA RATON FL	13.4 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	13.4 STREET ADDRESS	13.4 CITY, ST, ZIP
12.3 NAME	13.5 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	13.5 STREET ADDRESS	13.5 CITY, ST, ZIP
12.4 NAME	13.6 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	13.6 STREET ADDRESS	13.6 CITY, ST, ZIP
12.5 NAME	13.7 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	13.7 STREET ADDRESS	13.7 CITY, ST, ZIP
12.6 NAME	13.8 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	13.8 STREET ADDRESS	13.8 CITY, ST, ZIP
12.7 NAME	13.9 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	13.9 STREET ADDRESS	13.9 CITY, ST, ZIP

14. I do hereby certify that the information supplied with this filing is verifiably furnished and does not qualify for the exemption stated in Section 192.03(2)(b), 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 manager or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in this filing or Block 13 if changed or on an attachment with an address.

SIGNATURE: **Aron Breslow** ARON BRASLOW 4/27/95 (407) 483-8095
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR