

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

|                                      |                                                                                   |                                                                                                   |
|--------------------------------------|-----------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|
| CORPORATION<br>ANNUAL REPORT<br>1995 |  | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Latham<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--------------------------------------|-----------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|

DOCUMENT # K77804

(8)

1. Corporation Name

BEACHSIDE TOY STORE, INC.

Principal Place of Business

082 N MIRAMAR AVE  
INDIALANTIC FL 32903  
US

Mailing Address

082 N MIRAMAR AVE  
INDIALANTIC FL 32903  
US

APPROVED  
AND  
FILED  
  
95 APR -3 AM 9:10  
  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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-04/06/95--01003--012  
DO NOT WRITE IN THESE SPACES

|                                |  |                        |  |                                                                                         |                                                                     |
|--------------------------------|--|------------------------|--|-----------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| 2. Principal Place of Business |  | 2a. Mailing Address    |  | 3. Date Incorporated or Qualified                                                       | 3a. Date of Last Report                                             |
| 21 Suite, Apt. #, etc.         |  | 26 Suite, Apt. #, etc. |  | 04/05/1989                                                                              | 05/01/1994                                                          |
| 22 City & State                |  | 27 City & State        |  | 4. FEI Number                                                                           | Applied For                                                         |
| 23 Zip                         |  | 28 Zip                 |  | 59-2941487                                                                              | Not Applicable                                                      |
| 24 Country                     |  | 29 Country             |  | 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 <input checked="" type="checkbox"/> No <input type="checkbox"/> |

9. Name and Address of Current Registered Agent

HELSETH, ELIZABETH  
882 N. MIRAMAR  
INDIALANTIC FL 32903

10. Name and Address of New Registered Agent

01 Name Claire B. Hungerford  
02 Street Address (P.O. Box Number is Not Acceptable) 882 N. Miramar Ave  
03  
04 City Indialantic FL 05 Zip Code 32903

11. Pursuant to the provisions of Sections 607.0502 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 607.0505, Florida Statutes.

SIGNATURE

Claire B. Hungerford

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

3/24/95

| 12. OFFICERS AND DIRECTORS |                       | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                                  |
|----------------------------|-----------------------|-------------------------------------------------------|----------------------------------------------------------------------------------|
| TITLE                      | D                     | 1.1 TITLE                                             | Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition         |
| NAME                       | HELSETH, ELIZABETH    | 1.2 NAME                                              | Helseth, Elizabeth                                                               |
| STREET ADDRESS             | 155 DUVAL ST.         | 1.3 STREET ADDRESS                                    |                                                                                  |
| CITY - ST - ZIP            | S MELBOURNE BCH FL    | 1.4 CITY - ST - ZIP                                   |                                                                                  |
| TITLE                      | Director              | 2.1 TITLE                                             | Add <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | Hungerford, Claire B. | 2.2 NAME                                              | Hungerford, Claire B.                                                            |
| STREET ADDRESS             | 222 Fay Drive         | 2.3 STREET ADDRESS                                    |                                                                                  |
| CITY - ST - ZIP            | Indialantic, FL 32903 | 2.4 CITY - ST - ZIP                                   |                                                                                  |
| TITLE                      |                       | 3.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition                |
| NAME                       |                       | 3.2 NAME                                              |                                                                                  |
| STREET ADDRESS             |                       | 3.3 STREET ADDRESS                                    |                                                                                  |
| CITY - ST - ZIP            |                       | 3.4 CITY - ST - ZIP                                   |                                                                                  |
| TITLE                      |                       | 4.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition                |
| NAME                       |                       | 4.2 NAME                                              |                                                                                  |
| STREET ADDRESS             |                       | 4.3 STREET ADDRESS                                    |                                                                                  |
| CITY - ST - ZIP            |                       | 4.4 CITY - ST - ZIP                                   |                                                                                  |
| TITLE                      |                       | 5.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition                |
| NAME                       |                       | 5.2 NAME                                              |                                                                                  |
| STREET ADDRESS             |                       | 5.3 STREET ADDRESS                                    |                                                                                  |
| CITY - ST - ZIP            |                       | 5.4 CITY - ST - ZIP                                   |                                                                                  |
| TITLE                      |                       | 6.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition                |
| NAME                       |                       | 6.2 NAME                                              |                                                                                  |
| STREET ADDRESS             |                       | 6.3 STREET ADDRESS                                    |                                                                                  |
| CITY - ST - ZIP            |                       | 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)(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 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 addition.

SIGNATURE:

Claire B. Hungerford

Claire B. Hungerford

3/14/95

Signature and typed or printed name of officer or director

Date

(System Use Only)

407-676-1497