

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

FILED
May 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # K 77804

1. Corporation Name

Beachside Toy Store, Inc.

Principal Place of Business

Mailing Address

741 Pinetree Dr
Indian Harbour Beach, FL 32937

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 4/5/89	3a. Date of Last Report 1996
21. State, Apt. #, etc.	22. City & State	23. Zip	24. Country	4. FEI Number 59-2941487	Applied For Not Applicable
25. State, Apt. #, etc.	26. City & State	27. Zip	28. Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
29. State, Apt. #, etc.	30. City & State	31. Zip	32. Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Claire Hungerford
222 Fay Dr.
Indianapolis, FL 32903

81. Name	82. Street Address (P.O. Box Number is Not Acceptable)	83.	84. City	85. Zip Code
			FL	

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 Hungerford DATE: 4/30/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	11. TITLE	12. NAME
STREET ADDRESS	222 Fay Dr.	13. STREET ADDRESS	14. CITY-ST-ZIP
CITY-ST-ZIP	Indianapolis, FL 32903	21. TITLE	22. NAME
		23. STREET ADDRESS	24. CITY-ST-ZIP
TITLE	NAME	31. TITLE	32. NAME
STREET ADDRESS	222 Fay Dr.	33. STREET ADDRESS	34. CITY-ST-ZIP
CITY-ST-ZIP	Indianapolis, FL 32903	41. TITLE	42. NAME
TITLE	NAME	43. STREET ADDRESS	44. CITY-ST-ZIP
STREET ADDRESS	222 Fay Dr.	51. TITLE	52. NAME
CITY-ST-ZIP	Indianapolis, FL 32903	53. STREET ADDRESS	54. CITY-ST-ZIP
TITLE	NAME	61. TITLE	62. NAME
STREET ADDRESS		63. STREET ADDRESS	64. CITY-ST-ZIP
CITY-ST-ZIP		600002178616 -05/14/97--01098--030 ***165.00	

14. I do 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.

SIGNATURE: Claire Hungerford DATE: 4/30/97 DAYTIME PHONE: 407-777-6681

CR2E034 (9/96)