

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

FILED

Apr 22 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **L70222** (9)
1. Corporation Name
GREGORY'S TOYS & ADVENTURES, INC.



Principal Place of Business 6419 S. STATE STREET MURRAY UT 84107 US	Mailing Address 6419 S. STATE STREET MURRAY UT 84107-7216 US
---	--

3. Date Incorporated or Qualified 05/03/1990	3a. Date of Last Report 05/21/1996
4. FEI Number 87-0476839	Applied For <input type="checkbox"/> 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. 199.032. Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 1348 S. FOOTHILL DR.	2a. Mailing Address 26 1348 S. FOOTHILL DR.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 City & State SALT LAKE CITY, UT	27 City & State SALT LAKE CITY, UT
23 Zip 84108	28 Zip 84108
Country USA	Country USA

9. Name and Address of Current Registered Agent BRANT, MOORE, SAPP, MACDONALD & WELLS, PA 121 W. FORSYTH ST. SUITE 900 JACKSONVILLE FL 32202	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
--	--

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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOHLINGHORST, GEORGE J.	1.2 NAME	
STREET ADDRESS	6419 S. STATE STREET	1.3 STREET ADDRESS	
CITY - ST - ZIP	MURRAY UT	1.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCGILLIS, MARK R.	2.2 NAME	
STREET ADDRESS	6419 S. STATE STREET	2.3 STREET ADDRESS	1348 S. FOOTHILL DRIVE
CITY - ST - ZIP	MURRAY UT	2.4 CITY - ST - ZIP	SALT LAKE CITY, UT 84108
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOHLINGHORST, GREGORY A.	3.2 NAME	
STREET ADDRESS	6419 S. STATE STREET	3.3 STREET ADDRESS	
CITY - ST - ZIP	MURRAY UT	3.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SYLVESTER, CHARLEEN M.	4.2 NAME	
STREET ADDRESS	6419 S. STATE STREET	4.3 STREET ADDRESS	1348 S. FOOTHILL DRIVE
CITY - ST - ZIP	MURRAY UT	4.4 CITY - ST - ZIP	SALT LAKE CITY, UT 84108
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAMES, LISA	5.2 NAME	
STREET ADDRESS	6419 S. STATE STREET	5.3 STREET ADDRESS	
CITY - ST - ZIP	MURRAY UT	5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	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 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: *Bruce C. Calkins* 4-10-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)