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PROFIT
CORPORATION
ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mort

Secretary of Standard Standard

FILED Apr 21 1997 8:00am Secretary of State

DOCUMENT # L88003

TOY TECH, INC.

(3)

| Odnated Olean of Dusiness                      |                        |                               |                     |   |                |                |                                   |                              |   |  |                 |                |
|--|------------------------|-------------------------------|---------------------|---|----------------|----------------|-----------------------------------|------------------------------|---|--|-----------------|----------------|
| Principal Place of Business  C/O STEVEN BOMSER |                        |                               |                     | Mailing Address C/O STEVEN BOMSER 1001 NW 62 ST FT LAUDERDALE FL 33309-1900 |                |                |                                   |                              |   |  |                 |                |
| 1001 NW 62 ST<br>FT LAUDERDALE FL 33309        |                        | 10                            |                     |   |                |                |                                   |                              |   |  |                 |                |
|  |                        | F                             |                     |   |                |                | 3. Date Incorporated or Qualified |                              |   |  |                 |                |
| 2. Principal Place of Business                 |                        |                               | 2a                  | 2a. Mailing Address   |                |                | 4. FEI Numb                       | per Applied For              |   |  |                 |                |
| 21   |                        | 26                            | 26                  |   |                | 65-021         | 2164                              |                              |   | ot Applicable                          |                 |                |
| Sulte, Apt. #, etc.                            |                        | -                             | Suite, Apt. #, etc. |   |                | 5. Certificate | of Status Desired                 |                              | \$8.75 A  |  |                 |                |
| 22   |                        | 27                            | 27 City & State     |   |                | 1.5            | F                                 |                              |   | 7                                      |                 |                |
| City & State                                   |                        | 201                           | 28                  |   |                |                | ampaign Financing  Contribution   | \$5.00 May Be  Added to Fees |   |  |                 |                |
| Zip  | <del></del>            | Country                       | 201                 | Zip   | Cou            | intry          | ,                                 |                              | oration has liability for it                        |  |                 |                |
| 24   | 25                     | •                             | 29                  | ,   | 30             | •              |                                   | Florida Sta                  | · p   |  | No              |                |
|  | 9. Name and            | Address of Current            | Regi                | stered Agent  |                |                | ,                                 | 10. Name an                  | d Address of New Reg                                | gistered A                             | gent            |                |
| CO   | OPER, CLARITA          | A                             |                     |   |                | 81             | Name                              |                              |   |  |                 |                |
|  | 5 W OAKLAND            |                               |                     |   |                | 82             | Street Add                        | ress (P.O. Box Nu            | imber is Not Acceptab                               | le)                                    |                 |                |
| LAU  | JDERHILL FL 3          | 3313                          |                     |   |                |                |                                   |                              |   |  |                 |                |
|  |                        |                               |                     |   | ļ              | 83             |                                   |                              |   |  |                 |                |
| •  |                        |                               |                     |   |                | 84             | City                              |                              |   | FL                                     | 85 Zip (        | Code           |
| 11 Durement                                    | to the provisions      | of Sections 607 0503          | and 6               | SOZ 1508 Florida Statu  | itos tho a     | hove           | e-named corr                      | noration submits t           | his statement for the p                             | uroose of o                            | L L changing it | s registered   |
| office or r                                    | registered agent       | or both, in the States        | nt Flar             | ida. Such change was<br>of, Section 607.0505, F                             | . authorize    | d hv           | the corpora                       | tion's board of dir          | ectors, 1 hereby accep                              | the appo                               | intment as      | registered     |
| -  | uni tarilioar wilii, a | and accept the obliga         | HOUS C              | 31, Section 607.0505, F   | ionua siai     | uies           | 5.                                |                              |   |  |                 |                |
| SIGNATURE                                      | Signature, typed or po | inted name of registered agen | and lite            | e if applicable (NO   | TE: Registere  | d Age          | ent signature requi               | red when reinstaling)        |   | DATE                                   |                 |                |
| 12.  |                        | OFFICERS AND                  | DIRE                |   | 13.            |                |                                   | ADDITIONS                    | /CHANGES TO OFFIC                                   |  |                 |                |
| TITLE  | D                      |                               |                     | L DELETE  | 1.1 TJ         | 7LE            |                                   |                              |   | ı                                      | ] Change        | Addition       |
| NAME   | COOPER, C              |                               |                     |   | 1.2 N          | AME            |                                   |                              |   |  |                 |                |
| STREET ADDRESS                                 |                        | KLAND PK BLVD                 |                     |   | 1.3 \$1        | IREET          | ADDRESS                           |                              |   |  |                 |                |
| CITY-ST-ZIP                                    | LAUDERHILI             | <u>- PL</u>                   |                     | DELETE  |                |                | ST-ZIP                            |                              |   | ······································ | Change          | Addition       |
| TITLE<br>NAME                                  |                        |                               |                     | _ Delete  | 2 1 T<br>2 2 N |                |                                   |                              |   |  | URANJU          | L Madition     |
| STREET ADDRESS                                 |                        |                               |                     |   |                |                | ADDRESS                           |                              |   |  |                 |                |
| CITY-ST-ZIP                                    |                        |                               |                     | ·   | 2 4            |                | ST-ZIP                            |                              |   |  |                 |                |
| TITLE  |                        |                               |                     | DELETE  |                | LL.            | 3) - <u>1</u> Ir                  |                              |   |  | Change          | Addition       |
| NAME   |                        |                               |                     |   | 321            | ME             |                                   |                              |   |  |                 |                |
| STREET ADDRESS                                 |                        |                               |                     |   | 33             | (EE)           | ADDRESS                           |                              |   |  |                 |                |
| CITY-ST-ZIP                                    |                        |                               |                     |   | 3.4            | Y-8            | ST-ZIP                            |                              |   |  |                 |                |
| TITLE  |                        |                               |                     | DELETE  | 4.1            | F              |                                   |                              |   | ĺ                                      | Change          | ■ Addition     |
| NAME   |                        |                               |                     |   | 4.3            | ΛĿ             |                                   |                              | ,   |  |                 |                |
| STREET ADORESS                                 |                        |                               |                     |   | 4.3            |                | ALADRESS                          |                              |   |  |                 |                |
| CITY-ST-ZIP                                    |                        |                               |                     | DELETE  | 4.4            | - S            | ST-7/P                            |                              |   |  | Change          | Addition       |
| TITLE  |                        |                               |                     |   | 5 1<br>5 2     | ir.            |                                   |                              |   | ,                                      | TT OUR!BO       | Nodition       |
| NAME<br>STREET ADDRESS                         |                        |                               |                     | •   | 52             | F              | ADDRESS                           |                              |   |  |                 |                |
| CITY-ST-ZIP                                    |                        |                               |                     |   | 5.4            | 8              | T-ZIP                             |                              |   |  |                 |                |
| TITLE :  |                        |                               |                     | DELETE  | 6.1            | r.             |                                   |                              |   |  | Change          | Addition       |
| NAME .   | '                      |                               |                     |   | 6.2            | ıc             |                                   |                              |   |  |                 |                |
| STREET ADDRESS                                 |                        |                               |                     |   | 6.3            | ΕT             | ADDRESS                           |                              |   |  |                 |                |
| CITY-ST-ZIP                                    |                        |                               | vinne               |   | 6.4            | _              | 51 - ZIP                          | ····                         |   |  |                 |                |
| 14. I do heret                                 | by certify that the    | information supplied          | with ti             | his filing does not qual  | lify for the   | to             | rate and that                     | t my signature sh            | 7(3)(i), Florida Statutes<br>all have the same lega | l effect as i                          | if made und     | der oath; that |
| l am an o                                      | fficer or director     | of the corporation of         | lae pri             | ceiver or trustee empor   | wered to       | -iC            | ule this topo                     | t as required by             | Chapter 607, Florida S                              | tatutes; an                            | d that my r     | name           |
| appears i                                      | ti block 12 of Bi      | JUN 14 HI WHAT IS CO.         | MI EIU              | attachment with an ad   | CHOSS.         | •              |                                   |                              |   |  |                 |                |