

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 13 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000005175 (2)

1. Corporation Name

THE CHRISTMAS TOY HOUSE, INC.

Principal Place of Business

Mailing Address

221 GRAHAM ROAD
FERN PARK FL 32730

221 GRAHAM ROAD
FERN PARK FL 32730

3. Date Incorporated or Qualified

10/04/1996

4. FEI Number

59-3410356

Applied For

Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

25 Suite, Apt. #, etc.

27 City & State

28 Zip 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

7. Is this nonprofit corporation a homeowners association?

Yes No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ICARDI, ALDO
237 LOOKOUT PLACE STE 100
MAITLAND FL 32751

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME GRANT, LYNN J
STREET ADDRESS 221 GRAHAM ROAD
CITY-ST-ZIP FERN PARK FL 32730

TITLE VD
NAME CORNELL, HAL
STREET ADDRESS 105 COTTESMORE CIR
CITY-ST-ZIP LONGWOOD FL 32779

TITLE SD
NAME RIGDON, DEBBIE
STREET ADDRESS 1635 BROOKS LANE
CITY-ST-ZIP OVIEDO FL 32765

TITLE D
NAME SWARTZ, THOMPSON P
STREET ADDRESS 1635 BROOKS LANE
CITY-ST-ZIP OVIEDO FL 32765

TITLE TD
NAME GRANT, LAURA
STREET ADDRESS 1243 WOODRIDGE CT
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714

TITLE D
NAME WEIR, ALICE
STREET ADDRESS 312 SANTIAGO DRIVE
CITY-ST-ZIP WINTER PARK FL 32789

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

4.1 TITLE D
4.2 NAME STANLEY, JACKIE
4.3 STREET ADDRESS 7245 SYLVAN CT.
4.4 CITY-ST-ZIP SANFORD, FL 32771

2.1 TITLE D
2.2 NAME STANLEY, LAURA
2.3 STREET ADDRESS 380 MARIGOLD RD.
2.4 CITY-ST-ZIP CASSELBERRY, FL 32707

3.1 TITLE VD
3.2 NAME RIGDON, DEBBIE
3.3 STREET ADDRESS 1435 BROOKS LANE
3.4 CITY-ST-ZIP OVIEDO, FL 32765

4.1 TITLE D
4.2 NAME HEIGHTON, CINDY
4.3 STREET ADDRESS 2150 WEKIWA OAKS DR.
4.4 CITY-ST-ZIP APOPKA, FL 32703

5.1 TITLE STD
5.2 NAME GRANT, LAURA
5.3 STREET ADDRESS 1067 WINDING WATERS CR.
5.4 CITY-ST-ZIP WINTER SPRINGS, FL 32708

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Lynn J Grant

LYNN J GRANT PRES 4/6/98 407-339-7630

CR2E037 (10/97)