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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P92000002055 (1)

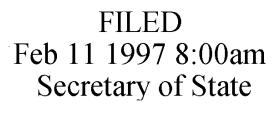
THE TOY STORE, INC.

Principal Place of Business

1624 E. SUNRISE BLVD. ET LAUDERDALE EL 33304

Mailing Address

600 SOUTH ANDREW AVENUE





TT, ENGLEDNEE	. IL WWY	FT LAUDERDALE FL 333	01-2802						
		US				3. Date Incorporated or Qualified 11/04/1992		ate of Last R 1 18/1996	eport
2. Principal Plac		2a. Mailing Address				4. FEI Number			plied For
	W. CYPRESS RD.	26				65-0420008	·	N N	ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27						5. Certificate of Status Desired			Additional equired
City & Stale		City & State				6. Election Campaign Financing			May Be
	UDERDALE FL	28				Trust Fund Contribution			May 66 to Fees
Zip	Country	Zip	Cou	untry		8. This corporation has liability for			
24 33300	1 25 US	29	30] No	. ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	9. Name and Address of Current	Registered Agent				10. Name and Address of New Re	gistered .	Agent	
GREEI	n, Bruce D	*		81	Name				
	OUTH ANDREWS AVENUE			82	Stroot Addr	ess (P.O. Box Number is Not Acceptab			·····
SUITE				**	oliber nadie	ess (1:0: Box Nomber is Not Acceptat	леј		
FT. LA	AUDERDALE FL 33301			83			~		
				84	City			85 Zip	Code
					•		FL	.	
11. Pursuant to to office or reg agent I am	the provisions of Sections 607.0502 jistered agent, or both, in the State of familiar with, and accept the obligation of the provisions of the provisions	and 607.1508, Florida Statu f Florida. Such change was ons of, Section 607.0505, F	utes, the al s authorize Florida Stat	bove- d by 1 tutes.	named corporation	oration submits this statement for the p ion's board of directors. I hereby accep	ourpose of the app	changing it ointment as	is registered registered
SIGNATURE.	grature, typical or printed name of registered agent	and title if applicable (NC	OTE Registere	d Agent	t signature require	ed when reinstating)	DATE		
12.	OFFICERS AND	DIRECTORS	13.		***************************************	ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTOR	IS IN 12
EFILE	PD	DELETE	1,1 (TLE				Change	Addition
	SHIRAZIPOUR, MAYER		1.2 N/	AME	1				
	1710 W. CYPRESS CREEK RD		1.3 \$1	TREET A	ADDRESS				
	FT LAUDERDALE FL 33309		1.4 Ct	ITY-ST-	-ZIP				
TITLE	ST	DELETE	2.1 TI	ILE				Change	Addition
	FERRER, JONI		2 2 N	AME					
	600 S. ANDREWS AVE #400		2.3 \$1	TREET A	DORESS				
CITY-ST-ZIP	FT LAUDERDALE FL 33301		2.40	CITY-ST	-2iP				
TITLE		☐ DELETE	3.1 Ti	TLE				Change	Addition
NAME.			3.2 N	AME					
STREET ADDRESS			3.3 \$1	TREET A	ADDRESS				
CITY-ST-7IP			3.4. C	CITY-ST	i-ZIP				
TITLE		DELETE	4.1 TI	TLE				Change	- Addition
NAME			4 2 N	IAME	j				
STREET ADDRESS			4.3 ST	TREET A	ADDRESS				
CITY - S1 - ZIP			4.4 CI	ITY-ST-	- ZIP				
TITLE		DELETE	5.1 TI	TLE	7			Change	Addition
NAME			5.2 N/	AME					
STREET ADDRESS			5.3 \$1	TREET A	NODRESS	•			
CITY ST-ZIP				ITY-ST-	1 1				
TILE		DELETE	6.1 TI					Change	Addition
NAME			6.2 N	AME					
STREET ADDRESS		•			NDDRESS				
CITY CT. 710			1	STY-ST.					

14. Ido 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.

954.771.8766

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