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CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

P93000025570 (1)

DOCUMENT # EXECUTIVE TOYS, INC. Principal Place of Business Mailing Address 45 S WICKHAM RD 45 S WICKHAM RD MELBOURNE FL 32904 MELBOURNE FL 32904 US HS 3. Date Incorporated or Qualified 3a. Date of Last Report 04/01/1993 05/24/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 59-3181427 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Ζıp Country 8. This corporation has liability for intangible tax under s. 199,032. 24 25 29 30 Yes No Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name CHENG, FRANK Street Address (P.O. Box Number is Not Acceptable) 82 1099 EARLY DRIVE, N.W. 83 PALM BAY FL 32907 City 84 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 agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. INDIT. Registered Aport signature required when remobilings Signature, typed or printed name of registerest against and title if again value (12/95)12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13 TIME DELETE 1 1 TITLE Change Addition NAME CHENG, FRANK 1.2 NAM5 CR2E034 1099 EARLY DRIVE, N.W. STREET ADDRESS 1.3 STREET ADDRESS PALM BAY FL 32907 CHTY-ST-ZIP 14 CITY - ST - ZIP TITLE DELETE Change 2 1 TITLE Addition CHENG, EDWARD 2.2 NAME 1099 EARLY DRIVE, N.W. STREET ADDRESS 2.3 STREET ADDRESS PALM BAY FL 32907 CITY-SI-ZIP 2 4 CITY - ST - ZIP TITLE DELETE 3.1 THUE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS City-St-ZiP 3 4 CITY - ST - ZIP DELETE 4 1 TOLE Change Add-tion NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-\$1-ZIP 4.4 CiTY - ST - ZiP DELE16 TITLE 5 1 IIILE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP CITY - ST - ZIP DELETE TITLE 6 3 TiTLE Change Addition NAMÉ 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(x), 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.

6.4 CITY ST-7IP

SIGNATURE:

CHTY - ST - ZIP

TYPED PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04130196

(407)728-9663