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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9300058407

. Corporation Name

TITLE

NAME

STREET ADDRESS

DOLL SUPPLIES WAREHOUSE, INC.

Principal Place	of Business	Mailing Address				. 20101 3115, 1911 914		
6154 - 126TH AVENUE NORTH 6154 - 126TH AV			enue north					
LARGO FL 33773 LARGO FL 33773					DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed	TINOSIAGE		
					08/16/1993			
2 Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	- F	Applied For	
21		26			59-3197060	<u> </u>	Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	T	Additional	
22	<u> </u>	27			5. Certificate of Status Desired			
City & State	9	City & State			6. Election Campaign Financing \$5.00 May Be			
23		28			Trust Fund Contribution Added to Fees			
Zip .	Country	Zip		intry	8. This corporation owes the current y	ear Intangible	□No	
24	25 29 9. Name and Address of Current Registered Agent		30		Personal Property Tax.			
	9. Name and Address of Curren	t Kegistered Agent		81 Name				
BENWARE, ALAN J					Street Address (P.O. Box Number is Not Acceptable)			
8800 - 133RD AVENUE N.				82 Street Addr	4 - 12(Est Not Acceptable)	W:		
SUITE 16				83				
LARGO FL 33773				84 City ,		85 Zip	Code	
		\cap		1 0	rgo	FL 3	3773	
11. Pursuant office or reagent. I a	to the provisions of Sections 607.050 egistered agent, or both, in the State m familier with, and accept the obliga	2 and 607.1508, Florida Stat of Florida. Such change was tions of, Section \$07.0505, F	tutes, the a authorize lorida Stat	bove-named corp to by the corporation utes.	oration submits this statement for the purpon's board of directors. I hereby accept the	ose of changing in appointment as i	ts registered registered	
SIGNATURE	Signature, typed or printed name of registered agen	econo	(D) OK	Agent signature require	serombe "	メール-7 ATE		
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE			
TITLE	P □ DELETE			TLE	,	☐ Change	e 🗌 Addition	
NAME	SERCOMBE, GORDON C		1.2 N					
STREET ADORESS				TREET ADDRESS			}	
CITY-ST-ZIP	LARGO FL 33773			TY-ST-ZIP		☐ Change	e Addition	
TITLE	☐ DELETÉ			TLE			, Caracia	
NAME			2.2 N			•		
STREET ADDRESS				TREET ADDRESS				
CITY-ST-ZIP	☐ DELETE			TLE		Change	e Addition	
TITLE NAME			3.1 T			_ •	_	
STREET ADDRESS			- 6	TREET ADDRESS				
CITY-ST-ZIP				ITY-ST-ZIP	•			
TITLE		☐ DELETE	4.1 T			☐ Change	e Addition	
NAME			4 2 1	IAME				
STREET ADDRESS			4.3 S	TREET ADDRESS				
CITY-ST-ZIP			4.4 C	ITY-ST-ZIP				
TITLE		☐ DELETE	5.1 ⊤	TLE		☐ Change	e 🔲 Addition	
NAME			5.2 N	AME			.	
STREET ADDRESS				TREET ADDRESS			ĺ	
CITY-ST-ZIP			5.4 C	TY-ST-ZIP	_			

14. I hereby certify that the information eypplied 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, with all other like empowered.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE: X SIGNATURE: X SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICE FOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR

DELETE

32E034 (11/98)

☐ Change

Addition

Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90039 038 ***150.00