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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P94000071965

1. Corporation Name

TORY'S TOY BOX, INC.

10013	TOY BOX, INC.							
Principal Place	e of Business	Mailing Address					ISTAN BATA	@ (##
4165 DOW RD		4165 DOW RD						
STE 36 STE 36								
MELBOURNE F	L 32934	MELBOURNE FL 32934			DO NOT WRITE IN THIS SPACE			
US US .					3. Date Incorporated or Qualifed			
		·			09/27/1994	1 3		
		2a. Mailing Address	- 4 ~ ~ - 4		4. FEI Number	Applied For		
21			<u>ora</u>	<u> Ka_</u>	59-3271711	***		pplicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	Desired			
22		27					<u>-</u>	
City & State	le ,	City & State	~	71	6. Election Campaign Financing	~\$5.0 ^dd	UU Ma led to F	
23		28 1VIELDOUR 1	<u> </u>		Trust Fund Contribution		ieu to r	ees
Zip	Country	200 24 E	Count	•	8. This corporation owes the current year	Intangible Yes	m	No
24	25	29 32934 3	o us	>	Personal Property Tax. 10. Name and Address of New Registers			
`	9. Name and Address of Current	Registered Agent	-	1 Name	10. Haine and Address of New Hogiston	Ju riguiii		
CHA	INCEY, JAMES S		Ľ					
4255 AURORA RD		•	8	Street Ac	Idress (P.O. Box Number is Not Acceptable)			
1	BOURNE FL 32934		-	33				
IMLL	DOURINE 1 E 32834		l°	53				
			8	34 City		85	Zip Cod	le
						L	- 14	istand
11. Pursuant	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	and 607.1508, Florida Statutes	, the abo	ove-named co	proporation submits this statement for the purpose	or changing pointment a	s regist	Jistered
			nonzea t	ov the corpora	ation a postu of directors, i netery decept the up			ici cu
agent. La	m familiar with, and accept the obligation	ons of Section 607.0505, Florid	la Statut	es.	f	· ~	ı Š	tered
agent. La	m familiar with, and accept the obligation	ons of Section 607.0505, Florid	เล รเสเบเ 	S.C.	Lincey 4-	6-99	}_	
agent. La SIGNATURE	m familiar with, and accept the obligation	and title if applicable. (NOTE: R	اa Statute رج S egistered A	S.C.	Lincs y Jired when reinstating) DATE	6-99	}	
signature	Structure, typed or printed marks of registered agent OFFICERS AND	and title if applicable. (NOTE: R	18 Statute 18 S egistered A	gent signature requ	Lincey 4-	G-F	CTORS	6 IN 12
SIGNATURE 12.	Storature, typed or printed marke of registered agent OFFICERS AND	and title if applicable. (NOTE: R	13.	gent signature requ	Lincs y Jired when reinstating) DATE	6-99	CTORS	
SIGNATURE 12. TITLE NAME	Signature, typed of printed marine of registered agent OFFICERS AND CHANCEY, STACY	and title if applicable. (NOTE: R	13. 1.1 TITU	gent signature requ	Lincs y Jired when reinstating) DATE	G-F	CTORS	6 IN 12
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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 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.

6.4 CITY-ST-ZIP

CITY-ST-ZIP

(407)

Apr 09, 1999 8:00 am Secretary of State

04-09-1999 90015 032 ***150.00