FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 PM 1:57

DOCUMENT # P94000092409 (9)

1. Corporation Name

HAPPY TIMES, INC.

Principal Place of Business	Mailing Address
931 W. MONTROSE STREET CLERMONT FL 34711	931 W. MONTROSE STREET CLERMONT FL 34711

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/22/1994
3a. Date of Last Report:
4. FEI Number: 59-3281332 — Applied For / Not Applicable
5. Certificate of Status Desired [ ] — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution [ ] — $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. [X] Yes [ ] No

2. Principal Place of Business: 21 ___ 2a. Mailing Address: 26 ___
Suite, Apt. #, etc.: 22 ___ Suite, Apt. #, etc.: 27 ___
City & State: 23 ___ City & State: 28 ___
Zip: 24 ___ Country: 25 ___ Zip: 29 ___ Country: 30 ___

9. Name and Address of Current Registered Agent

HOSFORD, ED
967 W. MONTROSE STREET
CLERMONT FL 34711

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE ___ DATE ___

12. OFFICERS AND DIRECTORS

TITLE	PVPD
NAME	HOSFORD, ED
STREET ADDRESS	3590 ROUND BOTTOM ROAD
CITY-ST-ZIP	CINCINNATI OH 45244
TITLE	ST
NAME	HOSFORD, NORMA
STREET ADDRESS	3590 ROUND BOTTOM ROAD
CITY-ST-ZIP	CINCINNATI OH 45244

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS — [ ] Change [ ] Addition

REMITTED BY THRU

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)(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.

SIGNATURE: Ed Hosford ED HOSFORD 4/20/95 704-926-0250

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #

0000378 FP