

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000015288 (0)

1. Corporation Name

K & T TOYS, INC.

Principal Place of Business

9 SOUTH HALIFAX AVENUE
DAYTONA BEACH FL 32118

Mailing Address

P.O. BOX 5084
DAYTONA BEACH FL 32126



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	02/23/1995	1 SE
22 City & State	27 City & State	4. FEI Number	Applied For
23 Zip	28 Zip	59-3307609	Not Applicable
24 Country	29 Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
25	30	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	☐ Yes ☐ No

9. Name and Address of Current Registered Agent

TROISI, KENNETH
9 SOUTH HALIFAX AVENUE
DAYTONA BEACH FL 32118

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83 City	
84 State	FL

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 607.0605, Florida Statutes.

SIGNATURE

Kenneth P. Troisi

(NOTE: Registered Agent signature required when changing)

18 MAR 96

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	1. TITLE	1. TITLE	
NAME	2. NAME	2. NAME	
STREET ADDRESS	3. STREET ADDRESS	3. STREET ADDRESS	
CITY-STATE-ZIP	4. CITY-STATE-ZIP	4. CITY-STATE-ZIP	
TITLE	5. TITLE	5. TITLE	
NAME	6. NAME	6. NAME	
STREET ADDRESS	7. STREET ADDRESS	7. STREET ADDRESS	
CITY-STATE-ZIP	8. CITY-STATE-ZIP	8. CITY-STATE-ZIP	
TITLE	9. TITLE	9. TITLE	
NAME	10. NAME	10. NAME	
STREET ADDRESS	11. STREET ADDRESS	11. STREET ADDRESS	
CITY-STATE-ZIP	12. CITY-STATE-ZIP	12. CITY-STATE-ZIP	
TITLE	13. TITLE	13. TITLE	
NAME	14. NAME	14. NAME	
STREET ADDRESS	15. STREET ADDRESS	15. STREET ADDRESS	
CITY-STATE-ZIP	16. CITY-STATE-ZIP	16. CITY-STATE-ZIP	
TITLE	17. TITLE	17. TITLE	
NAME	18. NAME	18. NAME	
STREET ADDRESS	19. STREET ADDRESS	19. STREET ADDRESS	
CITY-STATE-ZIP	20. CITY-STATE-ZIP	20. CITY-STATE-ZIP	

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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)(k), 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:

Kenneth P. Troisi
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

18 MAR 96 904-252-5254
Daytime Phone

CR2E034 (12/95)