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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 20, 1999 8:00 am Secretary of State 04-20-1999 90028 001 ***150.00

1999	OG WE IN	
DOCUMENT # 1. Corporation Name K & T TOYS, INC.		· · · · · · · · · · · · · · · · · · ·

Kali	UYS, INC.			,	
Principal Place	of Business	Mailing Address			
		P.O. BOX 5084 DAYTONA BEACH FL 32126-508	34	DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualifed	
				02/23/1995	
2. Principal Pl	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
	TANGLEWOOD ST	26 7.0 Box 265	1084	59-3307609	Not Applicable
Suite, Apt.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
2 541		27 DAVO		5. Centricate of Status Desired	Fee Required
City & State		City & State	1 41	6. Election Campaign Financing	\$5.00 May Be
	ONA BEACH IL	28 PAGIONA DEAC		Trust Fund Contribution	Added to Fees
Zip 7/	Country	29/32/26-5084 30	Country	This corporation owes the current year In Personal Property Tax.	tangible ☐ Yes ÆNo
4 / / / /	9. Name and Address of Current		4277_	10. Name and Address of New Registered	
 	5. Name and Address of Current	vadistaian Walit	81 Name	tullio mile premions of item (toglotores	
TRO	isi, Kenneth				
	OUTH HALIFAX AVENUE		82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
	TONA BEACH FL 32118		83		
			84 City	FL	85 Zip Code
11 Durewant	to the provisions of Sections 607 0502	and 607 1508 Florida Statutes, t	he above-named corp	peration authorite this statement for the nurnose of	f changing its registered
office or r	poistered agent or both in the State 0	it Florida. Such change was autho	inzed by the corporation	on's board of directors. I hereby accept the appo	intment as registered
agent. I a	m familiar with, and accept the obligati	- 17 · · · · · · · · · · · · · · · · · ·		12 APR 9	79
SIGNATURE	Signature, typed or printed name of registered agent	A ENNETH . ROTE Region of the if applicable. (NOTE: Region of the if applicable)	Stered Agent signature require	d when reinstating) DATE	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	V	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	TROISI, KENNETH	j	1.2 NAME		}
STREET ADDRESS	9 SOUTH HALIFAX AVENUE		1.3 STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BEACH FL 32118		1.4 CITY-ST-ZIP		
πιε	V	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	KAMONDI, MIKLOS		2.2 NAME		
STREET ADDRESS	9 SOUTH HALIFAX AVENUE		2.3 STREET ADDRESS	•	
CITY-ST-ZIP	DAYTONA BEACH FL 32118		2. 4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE	•	☐ Change ☐ Addition
NAME		}	3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS	·	
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE	}	☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		1
CITY-ST-ZIP			4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE		☐ DELETÉ	5.1 TITLE 5.2 NAME		Change Addition
NAME)				
STREET ADDRESS		į	5.3 STREET ADDRESS		l l
CITY-ST-ZIP		C Driett	5.4 CITY-ST-ZIP		Change Addition
TITLE	}	☐ DELETE	j		
NAME			6.2 NAME		
STREET ADDRESS	}		6.3 STREET ADDRESS		
CITY-ST-ZIP	Į.		6.4 CITY-ST-ZIP		

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 open attachment with an address, with all other like empowered.

SIGNATURE:

REQUIRED