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 # P95000036530

TOP HAT NOVELTIES & TOYS, INC.

FILED Feb 27, 1999 8:00 am Secretary of State

02-27-1999 90085 020 ***150.00



Principal Place	of Business	Mailing Address			, , , , , , , , , , , , , , , , , , , ,			
2020 NE 56TH STREET STE. 109		2020 NE 56TH STREET STE. 10)9	ŀ				
FORT LAUDERDALE FL 33308		FORT LAUDERDALE FL 33308			DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed			
					05/04/1995			
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number		<u> </u>	olied For
21 2157 NE COIS+ COURT		26 2157 NE 41st Court		2+	65-0584822			Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired		8:75 A Fee Re	
22 27 City & State City & State					6. Election Campaign Financing		\$5.00	<u>-</u>
City & State	aud, FL	28 Ft. Laud, FL			Trust Fund Contribution		Added t	, ,
	Country	1 222 AC 1	Country // S/	α	8. This corporation owes the curre			□No
24 <u>333 (</u>	25 USH	29 33308 30	15		Personal Property Tax. D. Name and Address of New R			
	9. Name and Address of Current	Registered Agent	81 Nam			-gistorea rig		
BROWN, GARY				B K(OWN, GARY	nio\		
2020	82 Stree	er Address	(P.O. Box Number is Not Accepta)/2+				
FOR1	83	<u> </u>						
			84 City			Т;	85 Zip (ode -
				F7.	Lauderda le	FL	33	3 <i>08</i>
11. Pursuant	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	and 607.1508, Florida Statutes, t	he above-name	ed corporat	tion submits this statement for the	ourpose of cha	anging its	registered sistered
office or re agent. I ar	egistered agent, or both, in the State o m familiar with, and accept the obligati	ons of, Section 607,0505, Florida	Statutes.	o poration S	Don't of difectors, Frictory docep		100	,
SIGNATURE	Court !		istered Agent Signatu		Srawn en reinstating)	2/// DATE	99_	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFF			
TITLE	Р	☐ DELETE	1.1 TITLE				Change	Addition
NAME	BROWN, GARY V		1.2 NAME	1015	57 NE 101 st Court t Lauderdale F	-		I.
STREET ADDRESS	2020 NE 56TH STREET STE. 10	9	1.3 STREET ADDRE	SS	1 100 m	1 322	78	
CITY-ST-ZIP	FORT LAUDERDALE FL 33308	— — — — — — — — — — — — — — — — — — —	1,4 CITY-ST-ZIP	- Hot	r Lavaeracie F	1 2520	☐ Change	Addition
TITLE		☐ DELETE	2.1 TITLE				_	
NAME			2.2 NAME	-00				
STREET ADDRESS			2.3 STREET ADDRE	:55			-	
CITY-ST-ZIP		DELETE	2.4 CITY-ST-ZIP 3.1 TITLE	-		. <u>. </u>	Change	☐ Addition
TITLE		- Otterie	3.2 NAME			_	-	
NAME STREET ADDRESS			3.3 STREET ADDRE	ESS				j
			3.4. CITY-ST-ZIP					
CITY-ST-ZIP TITLE		☐ DELETE	4.1 TITLE			Ü	Change	Addition
NAME			4. 2 NAME		•			
STREET ADDRESS			4.3 STREET ADORE	ESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP			····		
TITLE		☐ DELETE	5.1 TITLE] Change	Addition
NAME			5.2 NAME		•			
STREET ADDRESS			5.3 STREET ADDRE	ESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				7.05	T A distant
TITLE		☐ DELETE	6.1 TITLE			L] Change	☐ Addition
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREET ADDRE	ESS				!
OTTY OT 71D	I		6.4 CITY-ST-ZIP	1				

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.