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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

SIGNATURE:

DOCUMENT # P95000070189 (2)

HOT WHEELS AND ACCESSORIES, INC.					
2934 PHILLIPS HWY		Mailing Address 2934 PHILLIPS I JACKSONVILLE			
				3. Date Incorporated or Qualified 3s. Date of Last Report 09/12/1995	
2. Principal	Place of Business	2a. Mailing Address		4. FEI Number Applied For	
21 510	5-4 Phillips Hwy	26		59-3337535 Not Applicable	
22 SUITE, AF	of. #, etc.	Suite, Apt. #, etc		5. Certificate of Status Desired Serviced Fee Required	
City & St		City & State		6. Election Campaign Financing\$5.00 May Re	
23 0761	rsonulle, L	28		Trust Fund Contribution	
24 300	O7 25 Ouval	Ζφ <b>29</b>	Country 30	8. This corporation has liability for intangible tax under s 199.032, Florida Statutes ☐ Yes ※ No	
	9. Name and Address of Currer			10. Name and Address of New Registered Agent	
			81 Nam	ne	
	INSON, ALLEN		82 Stree	et Address (P.O. Box Number is Not Acceptable)	
2934 PHILLIPS HWY JACKSONVILLE FL 32207			83		
2.10					
			84 City	FL 85 Zip Code	
familiar	with, and accept the obligations of, Sect	ua. Such change was autr	ionzed by the corboration	corporation submits this statement for the purpose of changing its registered office is board of directors. I hereby accept the appointment as registered agent. I am	
S:GNATURE	Siljust in - types for proford runns of registered agest.	and title if applicable	(NOTE: Registered Agent signatur	re required when reinstating:	
12.	OFFICE RS AN		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
HILE	DPS Johnson, Allen	☐ DEFELE	1. 1 TITLE	☐ Change ☐ Addition	
NAME STREET ADDRESS	COO A DUBLING LINE		1.2 NAME		
C-1Y-S1-7/P	JACKSONVILLE FL 32207		1.3 STREET ADDRES 1.4 CITY - ST - ZIP	S	
THE		DELETE	2 1 TITLE	Change Addition	
NAME:			2 2 NAME		
STREET ADDRES	š		2 3 STREET ADDRESS	s	
Cary - ST - ZiF		F7 05 576	2 4 CITY - ST - ZIP		
THLE NAME	İ	DELETÉ	3 1 1171.6	Change Addition	
STHEET ADDRES	s l		3.2 NAME 3.3 STREET ADDRES	22	
CITY - ST - ZIP			34 CITY-ST-ZIP	33	
11"LF		☐ DELETE	4 1 TITLE	☐ Change ☐ Addition	
NAME			4 2 NAME		
STREET ADDRES	S		4.3 STREET ADDRESS	s	
OITY ST-ZE			4.4 CITY - ST - ZIP		
TILLE		☐ DELETE	5. 1 TITLE	☐ Change ☐ Addition	
name Stroet addres			5 2 NAME		
aindra Adunia City ST-Zif	,		5 3 STREET ADDRESS		
THEF		DELETE	5 4 CITY - ST - ZIP 6 1 TITLE	Change Addition	
A AME		<u></u>	6 2 NAME	Chedge ( Multipli	
STREET ADDRES	s		6.3 STREET ADDRESS	s	
City-St Zie			6.4 CITY - ST - ZIP		
oath; th	ia: the tropication maicased on this anni-	iai report or supplemental ration or the receiver or tri	annual report is true and : Istee empowered to exec	Judify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further accurate and that my signature shall have the same legal effect as if made under sule this report as required by Chapter 607, Florida Statutes; and that my name	

FICER OR DIRECTOR

904-391-0011