FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # P95000092832 (1)

1. Corporation Name

TOYTIME, INC.

Principal Place of Business	Mailing Address
~~2655 MCCORMICK DRIVE~~ ~~CLEARWATER FL 34619~~	~~2655 MCCORMICK DRIVE~~ ~~CLEARWATER FL 34619~~

3. Date Incorporated or Qualified: 12/07/1995

3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21	26 30 NORTH RING AVE
22 Suite, Apt. #, etc.	27 SUITE 400
23 City & State	28 TARPON SPRINGS FL
24 Zip / 25 Country	29 34689 / 30 USA

4. FEI Number: 59-3350116 — 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 ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

~~TEW, ZINOBER, BARNES, ZIMMET & UNICE~~
~~C/O RONALD G. WENDEL ESQ.~~
~~2655 MCCORMICK DRIVE~~
~~CLEARWATER FL 34619~~

10. Name and Address of New Registered Agent

81 Name: GEORGE KLIMIS, PA
82 Street Address (P.O. Box Number is Not Acceptable): 30 NORTH RING AVE
83 SUITE 400
84 City: TARPON SPRINGS FL 85 Zip Code: 34689

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: Feb 27 96
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent Signature required for reinstatement.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	VIRGADAMO, PAUL T	1.2 NAME	
STREET ADDRESS	8438 ASHFORD PLACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY FL 34655	1.4 CITY-ST-ZIP	
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		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	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: Paul T. Virgadamo — 2/26/96 — (813)938-0024
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)