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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P96000017535 (1)

PAM TOYS, INC.

**FILED** Apr 01 1998 8:00am Secretary of State

Principal Place of Business Mailing Address												1991 BHILL 1	icas acti cadi	
7880 REPUBLIC DRIVE 7880 REPUBLIC DR														
424 ORLANDO FL 32819				424 ORLANDO FL 32619						DO NOT WRITE IN THIS SPACE				
US US				US					3. Date Incorporated or Qualified					
										02/23/1996				
2. Principal Pl.				2e. Mailing Address						4. FEI Number		Ar	plied For	
21 2570 CHATHAM CIRCLE				26 2570 CHATHAM CIRCLE					E	UU U TUUULU			t Applicable	
Suite, Apt. #, etc.					Suite, Apt. #, etc.					5. Certificate of Status Desired	<u> </u>		Additional	
22 KISSIMMEE, FL					27 KISSIMMEE, FL							Fee Re	<del></del>	
City & State					City & State					6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution ☐ Added to Fees				
Zip Country				Zip Country				,		8. This corporation owes or has paid the current year Intangible				
24 3474	6	25 US 29 34746 30					Personal Property Tax due June			_ · _ ·				
9. Name and Address of Current									10. Name and Address of New Registered Agent					
RAMOS, JOSE								Name						
5381-B HOFFNER AVE ORLANDO FL 32812							82 Street Addre			ss (P.O. Box Number is Not Acceptable)				
										Total Control				
							83							
							84	City			<u></u> _	<b>85</b> Zip	Code	
							_ !	L			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 agont, 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														
Signature, typed or poulted name of registered agent and title it applicable (NOTE: Registere									required		DATE	IDEATAS	0.00.40	
12.	ÞV	- OI	HIGEHS AND	DIRECT	ORS DELETE	13	TITLE		r===	ADDITIONS/CHANGES TO OFFICER		Change	S IN 12 Addition	
NAME	, .	MPOS, SID	AIEV T				NAME		PV		_	) Change	Rodition	
STREET ADDRESS			OR STE 424					ADDRESS		CAMPOS, SIDNEY T				
CITY-ST-ZIP	ORLAN		MI OIL 424				CITY-S		í	70 CHATHAM CIRCLE			].	
TITLE	ST	0016			DELETE		TITLE	H-ZIP		<del>SSIMMEE, FL 34746</del>	Т	Change	Addition	
NAME		S, LILIAN	C.S.				NAME		ST		_	• • • • • • • • • • • • • • • • • • • •		
STREET ADDRESS 7980 REPUBLIC DR STE 424								S S OTDEET ANNUEUU		MPOS, LILIAN C.S.			ì	
CITY-ST-ZIP ORLANDO FL								2 5 A DITY - \$1 - 7/P		70 CHATHAM CIRCLE			ļ	
TITLE		<del>-</del>			DELETE		TITLE		KI	<del>SSIMMEE, FL 34746</del>		Change	Addition	
NAME [						3.2	NAME						[	
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CITY-ST-ZIP						34	. CITY-S	ST-ZIP						
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NAME						4.3	2 NAME							
STREET ADDRESS						4.3	STREET	ADDRESS						
CITY-ST-ZIP						4.4	CITY - S	T-ZIP			<u> </u>			
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TITLE					DELETE	•	TITLE	1	l		L	Change	Addition	
NAME							NAME							
STREET ADDRESS						6.3	STREET	ADDRESS						

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 on an attachman address.

SIGNATURE: