

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

FILED

Apr 24 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000044731 (3)

1. Corporation Name  
ACTION TOYS, INC.

Principal Place of Business

Mailing Address

8622 N ROME AVE  
TAMPA FL 33604

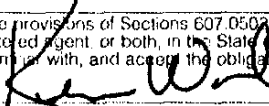
8622 N ROME AVE  
TAMPA FL 33604-1164



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/20/1996		3a. Date of Last Report	
21	930 E Busch Blvd	26	8622 N. Rome Ave	4. FEI Number 59-3388306		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
City & State 23 Tampa FLA		City & State 28 Tampa FLA		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Zip 24 33612	Country 25 U.S.A.	Zip 29 33604	Country 30 USA				

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
WARD, KEN 701 S BAYSHORE BLVD SUITE 101 TAMPA FL 33606				81 Name WARD, Ken			
				82 Street Address (P.O. Box Number is Not Acceptable) 701 S. Bayshore Blvd			
				83 Suite 101			
				84 City Tampa			
				85 Zip Code FL 33606			

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:  (NOTE: Registered Agent signature required when reinstating) DATE: 2-24-97

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DPST	<input type="checkbox"/> DELETE		1.1 TITLE	Iuzzolino Joseph A.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	IUZZOLINO, LAURA L			1.2 NAME	8622 N. Rome Ave		
STREET ADDRESS	8622 N ROME AVE			1.3 STREET ADDRESS	TAMPA, FL 33604	President	
CITY - ST - ZIP	TAMPA FL 33604			1.4 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				2.2 NAME			
STREET ADDRESS				2.3 STREET ADDRESS			
CITY - ST - ZIP				2.4 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY - ST - ZIP				3.4 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY - ST - ZIP				4.4 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY - ST - ZIP				5.4 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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:  DATE: 2/27/97 DAYTIME PHONE: 813 932-1001

CR2E034 (9/96)