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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED

May 09 1997 8:00am

Secretary of State

< 561-287-2605)

DOCUMENT # P9600060645 (4)

TIMOTHY'S TOYS TOO, INC.

Principal Place of Business Mailing Address						:	IO BIAI) BOIID OIIII BIO	JI WINI IBWI
3522 SE COURT DRIVE STUART FL 34997		3522 SE COURT DRIVE STUART FL 34997-6016						
						07/18/1996	3a. Date of Last I	Report
	ace of Business	ı ~ ~	2a. Mailing Address			4. FEI Number 65-07/1287		pplied For
Suite, Apt. 4	# oto	Suite, Apt. #, etc.				105-071100 T		ot Applicable Additional
22	, 5 10.	1	27			5. Certificate of Status Desired L	1	lequired
City & State)	City & State				6. Election Campaign Financing	\$5.00	May Be
23		28	• · · · · • · · · · · · · · · · · · · ·			Trust Fund Contribution		to Fees
Zip	Country 25	Ζφ [29]	Zip Gountry 30			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		
24	9. Name and Address of Curren					10. Name and Address of New Regis		
ROB	Y, WILLIAM L			81	Name			
555 COLORADO AVENUE				82	Street Add	dress (P.O. Box Number is Not Acceptable)		
STU/	ART FL 34994		1					
				83				
				84	City		85 Zip	Code
11. Pursuant t office or re agent. I as	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the oblig.	2 and 607 1508, Florida Stat of Florida. Such change wa ations of, Section 607.0505,	utes, the at s authorized f lorida Stati	Jove d by utes	named co the corpor	rporation submits this statement for the pur ation's board of directors. I hereby accept t	pose of changing he appointment a	its registered s registered
SIGNATURE								
12.	Signature, typed or printed name of registered age OFFICERS AN		OTE: Registered	Age	nt signature req	uired when roinstaling) ADDITIONS/CHANGES TO OFFICEF	DATE RS AND DIRECTO	RS IN 12
TITLE	D	DELETE					Change	☐ Addition
NAME			1.2 N/	1.2 NAME				
STREET ADDRESS	3522 SE COURT DRIVE		1.3 \$		ADDRESS			1;
CITY-ST-ZIP	STUART FL 34997		1.4 CI		1 · 7 P	, page, 1, 21 - 25 - 27 - 27 - 27 - 27 - 27 - 27 - 27		- I Addition
TITLE	DODY WILLIAM	[] DELETE		21 THLE 22 NAME 23 STREET ADDRESS			Change	Addition (
NAME	ROBY, WILLIAM L 3522 SE COURT DRIVE							ĺ
STREET ADDRESS GITY-ST-ZIP	\$TUART FL 34997		2-3-51					
TITLE	410/4// 12 0100/	DELETE	3110				☐ Change	Addition
NAME			3.2 NA	AM E				
STREET ADDRESS			3 3 S1	REET	ADORESS			
CITY-ST-ZIP			3 4. 0		51 - Z(P			- Daday
TITLE		☐ DELETE	4,1 1)				Change	Addition
NAME			4 2 N		ADDRESS			
STREET ADDRESS								
CITY-ST-ZIP		DELETE	44 CHY-5 51 TRLE		4.0		Change	Addition
NAME			5.2 N					
STREET ADDRESS			5.3 \$1	REET	ADURESS			
CITY+ST-ZIP			5.4 CI	11Y-S	T-ZIP			
TITLE		DITEIE	6111	116	1		☐ Change	Addition
NAME			6.2 N/					
STREET ADDRESS			6.3 \$1	IRFE1	ADDRESS		•	

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