


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

FILED

Feb 27 1997 8:00am
Secretary of State

1 PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # *P96000078555*
1. Corporation Name
Prime Time Toy Promotions Inc

Principal Place of Business
1890 S. Ocean Avenue
Mailing Address
Hallandale, Florida 33009

2. Principal Place of Business 21 <i>1890 S. Ocean Ave.</i>		2a. Mailing Address 26		3. Date Incorporated or Qualified	3a. Date of Last Report
22 <i>T.S. 101 E</i>		27		4. FEL Number <i>22-3491988</i>	Applied For <input type="checkbox"/> Not Applicable
23 <i>Hallandale, Fla</i>		28		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
24 <i>33009</i>		25 <i>Broward</i>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
29		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
61 Name <i>BERT GORMAN</i>				62 Street Address (P.O. Box Number is Not Acceptable) <i>1890 S. Ocean Ave.</i>			
63 <i>HALLANDALE</i>				64 City			
65 State <i>FL</i>				66 Zip Code <i>33009</i>			

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, and assume the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Bert Gorman* **DATE** *2/24/97*

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
12.1 <i>Pres.</i>	<input type="checkbox"/> DELETE	13.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
12.2 <i>BERT GORMAN</i>		13.2 NAME					
12.3 <i>1890 S. Ocean Ave</i>		13.3 STREET ADDRESS					
12.4 <i>HALLANDALE Fla 33009</i>		13.4 CITY-ST-ZIP					
12.5 <i>Vice Pres</i>	<input type="checkbox"/> DELETE	13.5 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
12.6 <i>MITCH KISBERG</i>		13.6 NAME					
12.7 <i>106 CENTRAL PARK SO.</i>		13.7 STREET ADDRESS					
12.8 <i>N.Y.C. NY 10019</i>		13.8 CITY-ST-ZIP					
12.9	<input type="checkbox"/> DELETE	13.9 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
12.10		13.10 NAME					
12.11		13.11 STREET ADDRESS					
12.12		13.12 CITY-ST-ZIP					
12.13	<input type="checkbox"/> DELETE	13.13 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
12.14		13.14 NAME					
12.15		13.15 STREET ADDRESS					
12.16		13.16 CITY-ST-ZIP					
12.17	<input type="checkbox"/> DELETE	13.17 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
12.18		13.18 NAME					
12.19		13.19 STREET ADDRESS					
12.20		13.20 CITY-ST-ZIP					
12.21	<input type="checkbox"/> DELETE	13.21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
12.22		13.22 NAME					
12.23		13.23 STREET ADDRESS					
12.24		13.24 CITY-ST-ZIP					
12.25	<input type="checkbox"/> DELETE	13.25 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
12.26		13.26 NAME					
12.27		13.27 STREET ADDRESS					
12.28		13.28 CITY-ST-ZIP					
12.29	<input type="checkbox"/> DELETE	13.29 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
12.30		13.30 NAME					
12.31		13.31 STREET ADDRESS					
12.32		13.32 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, upon an attachment with an address.

SIGNATURE: *Bert Gorman* **DATE:** *2/24/97* **DAYTIME PHONE #:** *954-454-7956*