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May 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P96000092763 (7)
1. Corporation Name
TOM'S TOY ENTERPRISES, INC.



Principal Place of Business: 4807 DUNBARTON DRIVE ORLANDO FL 32817
Mailing Address: 4807 DUNBARTON DRIVE ORLANDO FL 32817-3168

3. Date Incorporated or Qualified: 11/08/1996
3a. Date of Last Report: N/A

2. Principal Place of Business
21. 8 BOWERLUM PLAZA
22. Suite, Apt. #, etc.
23. Poinciana, FL
24. 34759
25. USA

2a. Mailing Address
26. 8 BOWERLUM PLAZA
27. Suite, Apt. #, etc.
28. Poinciana, FL
29. 34759
30. USA

4. FEI Number: 59-2412266
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
GLEIM, THOMAS H
4807 DUNBARTON DRIVE
ORLANDO FL 32817

10. Name and Address of New Registered Agent
81. Name: GLEIM THOMAS H.
82. Street Address (P.O. Box Number is Not Acceptable): 633 REGENCY WAY
83.
84. City: POINCIANA FL
85. Zip Code: 34759

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: Thomas H. Gleim
Signature typed or printed name of registered agent and title if applicable: Thomas H. Gleim
(NOTE: Registered Agent signature required when reinstating)
DATE: 4-30-97

12. OFFICERS AND DIRECTORS

TITLE	PSTD	<input type="checkbox"/> DELETE
NAME	GLEIM, THOMAS H	
STREET ADDRESS	4807 DUNBARTON DRIVE	
CITY-ST-ZIP	ORLANDO FL 32817	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	633 REGENCY WAY
1.4 CITY-ST-ZIP	POINCIANA FL 34759
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Thomas H. Gleim
Date: _____ Daytime Phone #: _____

CR2E034 (9/96)