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PROFIT CORPORATION ANNUAL REPORT

1998

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

**FILED** 

Mar 09 1998 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000091189 (5)

| 1. Corporati  | HINE TOYS, INC.                                | 30001100 (0)  |   |                                       |  |  |
|---|--|---|---|---------------------------------------|--|--|
| Principal Pla   | ice of Business                                | Mailing Address   |   |                                       |  | ADI 11841 ILBUI IDIIN 1811 1801                    |
| 4747 NORTHWEST 103RD AVENUE 4747 NORTHWEST 103RI<br>STE 12 STE 12 |  |   | D AVENUE                                      |                                       |  |  |
|   |  |   |   |                                       |  |  |
| SUNRISE FL  | . 33351  | Sunrise FL 33351  |   |                                       | DO NOT WRITE IN THIS   | 3 SPACE  |
| 1   |  |   |   |                                       | 3. Date Incorporated or Qualified  | _  |
| S Division at   | Discould Design                                |   |   |                                       | 10/23/1997   |  |
| 2. Principat Place of Business                                    |  | 2a. Mailing Address   |   | 4. FEI Number 65-0789779              | ✓ Applied For  |  |
| Suite, Apt. #, etc.   |  | 26 Suite Apt # ete  | Suite, Apt. #, etc.                           |                                       | 63-0781771   | Not Applicable                                     |
| 22  | . #, <b>G</b> (C)                              | 27  |   | 5. Certificate of Status Desired      | \$8.75 Additional<br>Fee Required  |  |
| City & Sta  | ate  | City & State  |   |                                       | P Election Compaign Financing  | <del></del>  |
| 23  | ,  | 28  |   |                                       | Election Campaign Financing     Trust Fund Contribution  | \$5.00 May Be<br>Added to Fees                     |
| Zip   | Country  | Zip   | Count   | ry                                    | This corporation owes or has paid the c  |  |
| 24  | 25   | 29  | 30  | •                                     |  | Yes No   |
|   | 9, Name and Address of Cur                     |   |   |                                       | 10. Name and Address of New Registered   | 3 Agent  |
| M.  | AY, <b>Fr</b> ed                               |   | 8   | 1 Name                                |  |  |
| 47  | 47 NORTHWEST 103RD AVEN                        | UE  | 8   | 2 Street Add                          | dress (P.O. Box Number is Not Acceptable)  |  |
| S1  | TE 12  |   |   | 2 0110017100                          | ACCOUNTS (1.C. DOX 14411DDI 16 1401 ACCOUNTS)  |  |
| SU  | JNRISE FL 33351                                |   | 8   | 3                                     |  |  |
|   |  |   | 8   | 4 City                                |  | 85 Zip Code  |
|   |  |   |   | 1 1                                   | Fi   | L     `  |
|   | 14-11  | 0502 and 607.1508, Florida Statu<br>ate of Florida Such change was<br>digations of, Section 607.0505, Florida | tes, the abo<br>authorized l<br>lorida Statut | ve-named cor<br>by the corpora<br>es. | poration submits this statement for the purpose ation's board of directors. I hereby accept the ap   | of changing its registered pointment as registered |
| SIGNATURE   | Signature, typed purrished name of register of | agent and title if applicable (NO   | TE: Registered A                              | gont signature requ                   | ired when reinstating) DAT   | 70   |
| 12.   |  | AND DIRECTORS   | 13.   |                                       | ADDITIONS/CHANGES TO OFFICERS AN   | ID DIRECTORS IN 12                                 |
| TITLE   | Diesident                                      | DELETE  | 1.1 TITLE                                     |                                       |  | Change Addition                                    |
| NAME  | Frederick S. MAN                               | <b>/_</b>   | 1.2 NAM                                       | Ē                                     |  |  |
| STREET ADDRESS  | 880 N.W. 100 86                                | Ave.  | 1.3 STRE                                      | et address                            |  |  |
| CITY-ST-ZIP   | Plantation, 76.                                | 3332y   | 1.4 CITY                                      | -ST-ZIP                               |  |  |
| TITLE   |  |   | 2.1 TITLE                                     |                                       |  | Change  Addition                                   |
| NAME  |  |   | 2.2 NAM                                       |                                       |  |  |
| STREET ADDRESS  |  |   | 2.3 STRE                                      | ET ADDRESS                            |  |  |
| CITY-ST-ZIP   |  | · · · · · · · · · · · · · · · · · · ·   | 2. 4 CITY                                     | - ST- ZIP                             |  |  |
| TITLE   |  | ☐ DELETE  | 3.1 TITLE                                     |                                       | 2  | Change Addition                                    |
| NAME  | 1  |   | 3.2 NAME                                      |                                       |  |  |
| STREET ADDRESS  |  |   | 3.3 STRE                                      | ET ADDRESS                            |  |  |
| CITY-ST-ZIP   |  |   | 3.4. CITY                                     |                                       |  |  |
| TITLE   |  | ☐ DELETE  | 4.1 TITLE                                     | ľ                                     |  | Change Addition                                    |
| NAME  |  |   | 4. 2 NAM                                      |                                       |  |  |
| STREET ADDRESS  |  |   | 4.3 STREE                                     | ET ADDRESS                            |  |  |
| CITY-ST-ZIP   | <del> </del>                                   | - Inches  | 4.4 CITY                                      |                                       |  |  |
| TITLE   |  | ☐ DELET <b>e</b>  | 5.1 TITLE                                     | 1                                     |  | Change Addition                                    |
| NAME  |  |   | 5.2 NAME                                      |                                       |  |  |
| STREET ADDRESS  | 1  |   |   | T ADDRESS                             |  |  |
| CITY-ST-ZIP   |  | DECESE  | 5.4 CITY-                                     | ST-ZIP                                |  |  |
| TITLE   |  | ☐ DELETE  | 6.1 TITLE                                     |                                       |  | ☐ Change ☐ Addition                                |
| NAME  |  |   | 6.2 NAME                                      |                                       |  |  |
| STREET ADDRESS  |  |   |   | T ADDRESS                             |  |  |
| CITY-ST-ZIP   | postific that the information of the           | with this filter days and a second  | 6.4 CITY-                                     |                                       | One in 440 07/07/0 51-44- 61-11-11   |  |
| indicated<br>officer or   | l on this annual report or supplemen           | ntal annual report is true an <b>d a</b> cc<br>acciver or trustee empowe <b>red</b> to                        | urate and ti                                  | nat my signatu                        | Section 119.07(3)(i), Florida Statutes. I further our shall have the same legal effect as if made under the by Chapter 607, Florida Statutes; and that | nder nath: that I am an                            |