

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

FILED

Mar 03 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000101002 (8)**

1. Corporation Name

HAPPY TIME ENTERPRISES, INC.



Principal Place of Business 625 N FLAGLER DRIVE SUITE 700 WEST PALM BEACH FL 33401	Mailing Address 625 N FLAGLER DRIVE SUITE 700 WEST PALM BEACH FL 33401
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 777 S. Flagler Drive Suite, Apt. #, etc. 22 Ste. 140 City & State 23 West Palm Beach, FL Zip 24 33401		2a. Mailing Address 26 777 S. Flagler Drive Suite, Apt. #, etc. 27 Ste. 140 City & State 28 West Palm Beach, FL Zip 29 33401		3. Date Incorporated or Qualified 12/01/1997	
		4. FEI Number 65-0797317		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent

**INTRASTATE REGISTERED AGENT CORPORATION
625 N FLAGLER DRIVE
SUITE 700
WEST PALM BEACH FL 33401**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE D/V/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME CROWLEY, MARYROSE SISTER		1.2 NAME	
STREET ADDRESS C/O CATHOLIC CHARITIES, INC., PO BOX 8246		1.3 STREET ADDRESS	
CITY-ST-ZIP WEST PALM BEACH FL 33407		1.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE D/P/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DEMBEK, CHRISTOPHER J SR		2.2 NAME Dembek, Christopher J.	
STREET ADDRESS 505 S FLAGLER DR, STE 1400		2.3 STREET ADDRESS Harris Trust/Bank of Montreal	
CITY-ST-ZIP WEST PALM BEACH FL 33401		2.4 CITY-ST-ZIP 777 S. Flagler Drive, Ste. 140	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE West Palm Beach, FL 33401	<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	

Harris Trust / Bank of Montreal

14. I 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 a person authorized 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 both.

Christopher J. Dembek
Senior Vice President

Christopher J. Dembek, Secretary

SIGNATURE-

CR2E034 (10/97)