

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

**FILED**  
**Mar 10, 1999 8:00 am**  
**Secretary of State**

03-10-1999 90187 007 \*\*\*150.00

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**PROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P98000046271**

1. Corporation Name  
**TIMMY'S TOY CHEST, INC.**



Principal Place of Business <b>4185 W. LAKE MARY BOULEVARD SUITE 193 LAKE MARY FL 32746</b>	Mailing Address <b>4185 W. LAKE MARY BOULEVARD SUITE 193 LAKE MARY FL 32746</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified <b>05/20/1998</b>		4. FEI Number <b>59-3518265</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		7. \$8.75 Additional Fee Required		5. \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent <b>SCHOONOVER, LINDA D ESQUIRE 390 WEST STATE ROAD 434 SUITE 102 LONGWOOD FL 32750</b>				10. Name and Address of New Registered Agent 81 Name <b>FLORIDA CORPORATE SUPPORT, INC</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>200 E. ROBINSON STREET</b> 83 <b>SUITE 500</b> 84 City <b>ORLANDO</b> FL 85 Zip Code <b>32801</b>			
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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: *By: G. Allen Blum, Asst Secretary* DATE: **1/22/99**  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	NAME	HANZELKO, LINDA	1.1 TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>		
STREET ADDRESS	1708 IVERNESS COURT			1.2 NAME	1708 IVERNESS COURT		
CITY-ST-ZIP	LONGWOOD FL 32779			1.3 STREET ADDRESS	1708 IVERNESS COURT		
TITLE	VTD	NAME	HANZELKO, RICH	2.1 TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>		
STREET ADDRESS	1708 IVERNESS COURT			2.2 NAME	1708 IVERNESS COURT		
CITY-ST-ZIP	LONGWOOD FL 32779			2.3 STREET ADDRESS	1708 IVERNESS COURT		
TITLE		NAME		2.4 CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>		
STREET ADDRESS				3.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>		
CITY-ST-ZIP				3.2 NAME			
TITLE		NAME		3.3 STREET ADDRESS			
STREET ADDRESS				3.4 CITY-ST-ZIP			
CITY-ST-ZIP				4.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>		
TITLE		NAME		4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		NAME		5.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>		
STREET ADDRESS				5.2 NAME			
CITY-ST-ZIP				5.3 STREET ADDRESS			
TITLE		NAME		5.4 CITY-ST-ZIP			
STREET ADDRESS				6.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>		
CITY-ST-ZIP				6.2 NAME			
TITLE		NAME		6.3 STREET ADDRESS			
STREET ADDRESS				6.4 CITY-ST-ZIP			
CITY-ST-ZIP							

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 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, with all other like empowered.

SIGNATURE: *Linda Hanzelko* **Linda Hanzelko** **1/15/99** **(407)682-6965**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)