

**PROFIT
CORPORATION
ANNUAL REPORT
1999**


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

FILED
May 17, 1999 8:00 am
Secretary of State

05-17-1999 90077 011 ***150.00

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1. Corporation Name

Toys Etc., Inc.

* 5 7 8 1 7 8 *

570178 - 90004 - 32

Principal Place of Business

Mailing Address

PO Box 350476
Jacksonville, FL 32235 - same

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/03/98

4. FEI Number

59-3526308

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional

Fee Required

6. Election Campaign Financing ☐**\$5.00** May Be

Trust Fund Contribution

Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Lourdes Khosrozadeh
1682 Chandelier Cir. E.
Jacksonville, FL 32225

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE1.1 TITLE ☐ Change ☐ Addition

NAME

12 NAME

STREET ADDRESS

13 STREET ADDRESS

CITY-ST-ZIP

14 CITY-ST-ZIP

CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ AdditionTITLE ☐ DELETE

22 NAME

NAME

23 STREET ADDRESS

STREET ADDRESS

2.4 CITY-ST-ZIP

CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ AdditionTITLE ☐ DELETE

32 NAME

NAME

33 STREET ADDRESS

STREET ADDRESS

34 CITY-ST-ZIP

CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ AdditionTITLE ☐ DELETE

4.2 NAME

NAME

4.3 STREET ADDRESS

STREET ADDRESS

4.4 CITY-ST-ZIP

CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ AdditionTITLE ☐ DELETE

5.2 NAME

NAME

5.3 STREET ADDRESS

STREET ADDRESS

5.4 CITY-ST-ZIP

CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ AdditionTITLE ☐ DELETE

6.2 NAME

NAME

6.3 STREET ADDRESS

STREET ADDRESS

6.4 CITY-ST-ZIP

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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:

Lourdes Khosrozadeh
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/99

Date

(904) 221-5927

Daytime Phone #

CR2E034 (11/98)