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FLORIDA DEPARTMENT OF STATE

FILED May 17, 1999 8:00 am

ANNUAL REPORT Secre		Secretary of State
1000 DIVISION OF	etary of State	05-17-1999 90038 028 ***158.75
. 1000	F. CORPORATIONS	
DOCUMENT # P 98 000 10845 4 1. Corporation Name		
GRAB A TOY. CON, IN	e d	
Principal Place of Business Mailing Address //		- .
Principal Place of Business Mailing Address //	FAMIE "	•
460 E HWY 436	//// (DO NOT WRITE IN THIS SPACE
CASSILBONAY P2 32707		3. Date Incorporated or Qualified
, , ,		DET 28 1998
Principal Place of Business 2a. Mailing Address		4. FEI Number Applied For
26		Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27		5. Certificate of Status Desired \$8.75 Additional Fee Required
City & State City & State		6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
Zip Country Zip	Country	8. This corporation owes the current year Intangible
25 29	30]	Personal Property Tax. Li Yes / LyNo 10. Name and Address of New Registered Agent
9. Name and Address of Current Registered Agent	81 Name	PETEN ANTUNES
ANTUNES, AMERICO	82 Street Ad	dress (P.O. Box Number is Not Acceptable)
140 E HWY 436 #200		60 E HWY 436
CASSULBENAY /2 32707	88	
CASSULBERING IC SCIOT	Sel City -	45561 BMAY FL 85 Zip Code 32707
	1 MX 21	ASSEL BUMN 9 FL 32707
 Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida State office or registered agent, or both, in the State of Florida. Such change was agent. I am familiar with, and accept the obligations of, Section 607.0505, F 	authorized by the corpora	tion's board of directors. I hereby accept the appointment as registered
agent. I am familiar with, and accept the obligations of, Section 607.0505, F	order Statutes.	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable.	IE: Registered Agent signature requi	
	TENERS PIER AND WITH THE PROPERTY OF LEGICAL	ired when reinstating) DATE
12. OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DECTORS IN 12
12. OFFICERS AND DIRECTORS DIRECTOR DIRECTOR	13.	ADDITIONS/CHANGES TO OFFICERS AND DISECTORS IN 12
12. OFFICERS AND DIRECTORS TITLE DIRECTOR DELETE NAME ANTUNES, AMERICO	13.	ADDITIONS/CHANGES TO OFFICERS AND DISECTORS IN 12
12. OFFICERS AND DIRECTORS TITLE DIRECTOR SPELETE NAME ANTUNES, AMERICO	13. 1.1 YITLE 12 NAME	ADDITIONS/CHANGES TO OFFICERS AND DIECTORS IN 12 DIRECTOR OFFICERS AND DIECTORS IN 12 Change Chan
12. OFFICERS AND DIRECTORS TITLE DIRECTOR SPELETE NAME ANTUNES, AMERICO STREET ADDRESS 460 L'HWY 436 CITY-ST-ZIP CASSULBENRY & 32707	13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICERS AND DIECTORS IN 12 DIRECTOR ANTONIES, PETEN WING HOUSES, PETEN WING HOUSES, PETEN WING ASSULBANAY, 12 32707
12. OFFICERS AND DIRECTORS TITLE DIRECTOR ANTUNES, AMERICO STREET ADDRESS 460 L. HWY 436 CITY-ST-ZIP TITLE OFFICERS AND DIRECTORS ANTUNES, AMERICO STREET ADDRESS LASSCILBERRY DELETE	13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICERS AND DIECTORS IN 12 DIRECTOR ANTONIES, PETEN WING HOUSES, PETEN WING HOUSES, PETEN WING ASSULBANAY, 12 32707
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properties annual report is true and accurate and that my signature shall have the same legal effect as it made under bath, that it aim at the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in an attachment with an address, with all other like empowered. officer or director of the corporation or Block 12 or Block 13 if changes or get SIGNATURE: 4