

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V62371

(2)

1. Corporation Name:

DOLLS & TOYS TO TREASURE INC.

Principal Place of Business:

**402 SE MIZNER BLVD
BOCA RATON FL 33432
US**

Mailing Address:

**402 VIA DE PALMA
BOCA RATON FL 33432
US**



2. Principal Place of Business:

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address:

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**UHAZIE, GEORGE
3201 SOUTH OCEAN BLVD.
PH-4
HIGHLAND BEACH FL 33487**

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 607.0602 and 607.1506, 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0605, Florida Statutes.

SIGNATURE

Signature of Registered Agent

Signature of Officer or Director

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

1. TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**PT
UHAZIE, GEORGE
3201 S OCEAN BLVD PH-4
HIGHLAND BEACH FL**

2. TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**VS
UHAZIE, MARION
3201 S OCEAN BLVD PH-4
HIGHLAND BEACH FL**

3. TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

4. TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

5. TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

6. TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

14. I do hereby certify that the information supplied on this form is voluntarily furnished and I do not qualify for the exemption stated in Section 119.07(3)(g), Florida Statutes. I further certify that the information indicated on this form is correct or supplemental to annual report as 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 registered 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-9-96

407-361-9933

CR2E034 (12/95)