

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

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Mar 09, 1999 8:00 am
Secretary of State

03-09-1999 90009 036 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # H02516

1. Corporation Name
K B TOY OF FLORIDA, INC.

Principal Place of Business
300 PHILLIPI ROAD
P.O. BOX 28512
COLUMBUS OH 43228-0512

Mailing Address
300 PHILLIPI ROAD
P.O. BOX 28512
COLUMBUS OH 43228-0512

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/08/1984

4. FEI Number
04-2846255

5. Certificate of Status Desired **\$8.75** Additional Fee Required
 Applied For Not Applicable

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

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

2. Principal Place of Business
 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country 25

2a. Mailing Address
 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30

9. Name and Address of Current Registered Agent
UNITED STATES CORPORATION COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DCP	<input type="checkbox"/> DELETE
NAME	GLAZER, MICHAEL L	
STREET ADDRESS	300 PHILLIPI ROAD	
CITY-ST-ZIP	COLUMBUS OH 43228-0512	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	POTTER, MICHAEL J	
STREET ADDRESS	300 PHILLIPI ROAD	
CITY-ST-ZIP	COLUMBUS OH 43228-0512	
TITLE	DVS	<input type="checkbox"/> DELETE
NAME	BELL, ALBERT J	
STREET ADDRESS	300 PHILLIPI ROAD	
CITY-ST-ZIP	COLUMBUS OH 43228-0512	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	MCGRADY, JAMES A	
STREET ADDRESS	300 PHILLIPI ROAD	
CITY-ST-ZIP	COLUMBUS OH 43228-0512	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VICE PRESIDENT, FAX	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	L. MICHAEL WATTS	
1.3 STREET ADDRESS	300 Phillipi Rd	
1.4 CITY-ST-ZIP	Columbus, Ohio 43228	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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: L. Michael Watts **RED MICHAEL WATTS** 2/16/99 614-278-6837
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/1/98)