

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

**FILED**  
**Feb 10 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P96000095277 (5)**  
 1. Corporation Name  
**SHRINK-N-SLIDE: THE FAMILY PLAY AND RESOURCE CENTER, INC.**

Principal Place of Business <b>1709 SECOND STREET, SOUTH                  JACKSONVILLE BEACH FL 32250</b>	Mailing Address <b>1709 SECOND STREET, SOUTH                  JACKSONVILLE BEACH FL 32250</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>14444 Beach Blvd</b> Suite, Apt #, etc. <b>Suite 60</b> <b>Jacksonville, FL</b> City & State 23 <b>Jacksonville, FL</b> Zip Country 24 <b>32250</b> 25 <b>US</b>		2a. Mailing Address 26 <b>14444 Beach Blvd</b> Suite, Apt #, etc. <b>Suite 60</b> <b>Jacksonville, FL</b> City & State 28 <b>Jacksonville, FL</b> Zip Country 29 <b>32250</b> 30 <b>US</b>		3. Date Incorporated or Qualified <b>11/15/1996</b>	4. FEI Number <b>59-3415668</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		\$8.75 Additional Fee Required \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent <b>HOLDBROOK COLD, KATHLEEN                  ONE INDEPENDENT DRIVE                  SUITE 2301                  JACKSONVILLE FL 32202</b>				10. Name and Address of New Registered Agent	
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)		83	
84 City		85 Zip Code		<b>FL</b>	

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MORELAND, JOHN</b>	1.2 NAME	
STREET ADDRESS	<b>1709 SECOND STREET, SOUTH</b>	1.3 STREET ADDRESS	<b>14444 Beach Blvd Suite 60</b>
CITY-ST-ZIP	<b>JACKSONVILLE BEACH FL 32250</b>	1.4 CITY-ST-ZIP	<b>Jacksonville FL 32250</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KRIMSKY, EILEEN</b>	2.2 NAME	
STREET ADDRESS	<b>1709 SECOND STREET, SOUTH</b>	2.3 STREET ADDRESS	<b>14444 Beach Blvd Suite 60</b>
CITY-ST-ZIP	<b>JACKSONVILLE BEACH FL 32250</b>	2.4 CITY-ST-ZIP	<b>Jacksonville FL 32250</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE:  **012894 904 223 0072**

CRE034 (10/97)