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03-02-1999 90007 009 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 **DOCUMENT # 766823**

 Corporation 		Ð.			[
PLAYDIU	IM MANAGEMENT COMPAN	Y, JŃC.						
Principal Place of Business Mailing Address							·	:
% AL HINDERN 1100 HILLCRES		% AL HINDERMAN 1100 HILLCREST DRIVE						
HOLLYWOOD !	HOLLYWOOD FL 33021					TIBII BION BION DIEN		
US US						`		
2. Principal P	lace of Business	2a. Mailing Address			3. Date Incorporated or Qualifed 02/03/1983			
21		26			4. FEI Number -			olled:For.
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			59-2263251		 - 	Applicable
City & Stat	e	City & State					\$8.75 A	
23	-	28			5. Certificate of State	tus Desired	Fee Rec	quired
Zip Country		Zip Country		6. Election Campai	- []	\$5.00	• 1	
<u></u>		_ 	30		Trust Fund Cont	ribution ress of New Registers	Added to	Fees
	9. Name and Address of Current	Registered Agent	81	Name	10. Name and Addi	iess of Hew Kedistoic	u Agent	
	AN 1 A1					·		
HINDERM/			82 Street		ddress (P.O. Box Number	is Not Acceptable)		
	SHINGTON STREET DOD FL 33019		83					
HOLLING	000112 33019		84	City		- :	. 85 Zip C	ode
				,		F		1
11. Pursuant	to the provisions of Sections 617.0502 registered agent, or both, in the State of	2 and 617.1508, Florida Statute	s, the above	e-named c	orporation submits this star	tement for the purpose	of changing its o	registered [sistered
office or i	registered agent, or both, in the State of im familiar with, and accept the obligat	ions of, Section 617.0503, Flor	ida Statutes	·	August a Board of Gircoco.			
SIGNATURE			5 (guired when reinstating)	DATE		\
12.	Signature, typed or printed name of registered agent and title if applicable. (NOTE: OFFICERS AND DIRECTORS			at signature rec	ADDITIONS/CHA	NGES TO OFFICERS	AND DIRECTOR	RS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE				Change	☐ Addition
NAME	KRIEGER, GEORGE		1.2 NAME					
STREET ADDRESS	4200 HILLCREST DR #1004		1.3 STREE	ADDRESS		,		į
CITY-ST-ZIP	HOLLYWOOD FL		1.4 CITY-ST-ZIP				-	
TITLE	VD	☐ DELETE	2.1 TITLE		AD .		Change	☐ Addition i
NAME	D NOOLINDLING		2.2 NAME		NAT ROSS		· · ·	
STREET ADDRESS	• • • • • • • • • • • • • • • • • • •				3800 HILLCH		T-#202	- .
CITY-ST-ZIP	HOLLYWOOD FL		2. 4 CITY-ST-ZIP 3.1 TITLE		HOLLYWOOD F	<u>гь 33021</u>	☐ Change	Addition
TITLE	SD	_					□ cuango	
NAME	FALKENSTEIN, JACK		3.2 NAME					
STREET ADDRESS	1		3.3 STREET ADDRESS 3.4. CITY-ST-ZIP					
CITY-ST-ZIP	HOLLYWOOD FL TD DELETE		4.1 TITLE	31-ZIP			☐ Change	Addition
NAME	ZUCKERBROD, SID		4. 2 NAME	ļ		•	, —	_
STREET ADDRESS	4700 WASHINGTON ST 105			TADDRESS			•	
CITY-ST-ZIP	HOLLYWOOD FL		4.4 CITY-S			• • •		
TITLE	DELETE		5.1 TITLE				Change	Addition
NAME			5.2 NAME				, .	
STREET ADDRESS			5.3 STREE	TADORESS			•	ļ
CITY-ST-ZIP			5.4 CMY-S	T-ZIP				
TITLE		☐ DELETE	6.1 TITLE			•	Change	☐ Addition
NAME			6.2 NAME					
STREET ADDRESS	5		6.3 STREE	T ADDRESS				

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 617, 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.

6.4 CITY-ST-ZIP

SIGNATURE: