

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR -7 PM 3:42

DOCUMENT # P93000046020 (2)

1. Corporation Name

PLAY TIME ENTERTAINMENT INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

427 TERWOOD ST.
FERN PARK FL 32730

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FERN PARK FL 32730

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/25/1993

3a. Date of Last Report

05/01/1994

4. FEI Number

59-3192932

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes Yes No

2. Principal Place of Business

21 3624 N. APOPKA VINELAND RD.

2a. Mailing Address

27 SAME PLACE
AS BUS.
OF

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 ORLANDO FL.

City & State

28

Zip

24 32818

Country

Zip

29

Country

30

9. Name and Address of Current Registered Agent

ASBATE, GEORGE M
127 TERWOOD ST.
FERN PARK FL 32730

10. Name and Address of New Registered Agent

81 Name ASBATE GEORGE M.
82 Street Address (P.O. Box Number is Not Acceptable) 3624 N. APOPKA VINELAND RD.
83
84 City ORLANDO FL 85 Zip Code 32818

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

[Signature]

GEORGE ASBATE

3-1-95

DATE

12. OFFICERS AND DIRECTORS

TITLE	PST
NAME	ASBATE, GEORGE M
STREET ADDRESS	127 TERWOOD ST
CITY- ST- ZIP	FERN PARK FL
TITLE	VP
NAME	NOTES, DAWN
STREET ADDRESS	127 TERWOOD ST
CITY- ST- ZIP	FERN PARK FL
TITLE	VP
NAME	ASBATE, EMILIE
STREET ADDRESS	11361 NW 29 PLACE
CITY- ST- ZIP	SUNRISE FL
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	ASBATE GEORGE PST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	3624 N. APOPKA VINELAND RD.	
1.3 STREET ADDRESS	ORLANDO FL 32818	
1.4 CITY- ST- ZIP		
2.1 TITLE	NOYES DAWN V.P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	3624 N. APOPKA VINELAND RD.	
2.3 STREET ADDRESS	ORLANDO FL 32818	
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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 collector or trustee empowered to execute this report as required by Chapter 007, Florida Statutes; and that my name appears in Block 12 or Block 13 (if changed) of this filing in accordance with an address.

SIGNATURE:

[Signature] GEORGE ASBATE

2/28/95

(407) 296-6970

Date

Telephone #