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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P93000048218

1. Corporation Name

MISS JEAN'S PLAYLAND, INC.

## Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90190 045 \*\*\*150.00



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Principal Plac	e of Business	Mailing Address				* 10211401 112 12120 11511 \$911			
195 E. BULLARD AVENUE 195 E. BULLARD AVENUE			E						
LAKE WALES FL 33853 LAKE WALES FL 33853						DO NOT W	RITE IN THIS	SPACE	
	•					3. Date Incorporated or Qualif	ed		
						07/01/1993			ĺ
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number			Applied For
21		26				59-3189646			Not Applicable
Suite, Apt.		Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional
22	ب به دم درین	27				57 Octurbate of Ottalab Boolida		Fee	Required
City & Stat	te .	City & State				6. Election Campaign Financia	<sup>ng</sup> □		May Be
23		28				Trust Fund Contribution			d to Fees
Žip	Country	Zip	Cou	ntry		8. This corporation owes the o	urrent year Int		□No.
24	25	29	30			Personal Property Tax.	Do sintanad	Yes	□No
	9. Name and Address of Curren	t Registered Agent		81 Na	me	10. Name and Address of Ne	w registered	Agent	
SALI	IO, GERALD			Na Na					
	B COUNTRY OAK BLVD.				reet Addre	ss (P.O. Box Number is Not Acceptable)			
4	E WALES FL 33853			83					
Dav	E WALLO I E GOODS			83					
}	•			84 Cil	ty	was an and other to the same of the same o	FL	85 Zi	p Code
		- 1007 1500 Ft. 11 O.						changing	ite registered
office or r	to the provisions of Sections 607.050 registered agent, or both, in the State	of Florida, Such change was	authorized	i by the d	neo corpo corporatio	pration submits this statement for in his board of directors. I hereby ac	cept the appoi	ntment as	registered
agent. I a	im familiar with, and accept the obliga	tions of, Section 607.0505, F	Iorida Stat	utes.					
• -									
SIGNATURE							DATE		
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (NO	TE: Registered		sture required	when reinstating)  ADDITIONS/CHANGES TO	DATE OFFICERS AN	D DIREC	TORS IN 12
SIGNATURE	OFFICERS AN	nt and title if applicable. (NO	TE: Registered	Agent signs	ature required	when reinstating) ADDITIONS/CHANGES TO		D DIREC	
SIGNATURE 12. TITLE	OFFICERS AN	nt and title if applicable. (NO	TE: Registered	Agent signs	ature required				
SIGNATURE  12. TITLE NAME	OFFICERS AN D SALIO, GERALD F	nt and title if applicable. (NO	13. 1.1 TI 1.2 N	Agent sign					
SIGNATURE  12. TITLE NAME STREET ADDRESS	OFFICERS AN D SALIO, GERALD F 1038 COUNTRY OAK BLVD.	nt and title if applicable. (NO	13. 1.1 Ti 1.2 N/ 1.3 Si	Agent signs T.E ME REET ADDR					
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14. 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.

941-676-5333