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

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #	P93000066417	(5)
1 Corporation Name		•

PLEASURE PALACE, INC.

Principal Place of Business

2309 DALE MABRY HIGHWAY
TAMPA FL 33607

100 SECOND AVENUE SOUTH
SUITE 704
ST. PETERSBURG FL 33701

3. Date Incorporated or Qualified
09/23/1993

10/16/1995

ST. PETERSBURG FL 33701				ļ	Date Incorporated or Qualified 09/23/1993		ate of Last Report 10/16/1995	
2. Principal Place of Business 2a. Maling Address		85			4. FEI Number 59-3202933		Applied For Not Applicable	
Suite, Apt. #, et	C.	26 Suite, Apt. #, 27	etc			5. Certificate of Status Desired		\$8.75 Additional Fee Required
City & State		City & State	, <u></u>			6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees
Z _I p	Country 25	Ζφ 29	30 Co.	intry		Tioned Otthers	☐ No	
9	Name and Address of Cu	rrent Registered Agent				10. Name and Address of New F	tegistere	d Agent
SUITE 704	BRAY ESQ ID AVENUE SOUTH BBURG FL 33701			81 82 83 84	Name Street Addres City	SS (P.O. Box Number is Not Acceptat	yle)	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			gisterad Agent si patore region	DATE.	
12.	Signature, goed or protect name of registered ages hand it that as person. OFFICERS AND DIRECTORS	(N.J.) E Ho	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTO	
TITLE		DELETE	1 1 III.E	☐ Change	Addition
NAME	TYLER, DEAN		1.2 NAME		
STREET ADDRESS	310 COFFE POT RIVIERA N.E.		1.3 STREET ACORESS		
DITY-ST-ZIP	ST. PETERSBURG FL 33701		14 C/TY - ST 1P		*****
TITLE		DELETE	2 1 TULE	☐ Change	☐ Addition
NAME			2 2 NAME		
STREET ADDRESS			2.3 STREET ALTORESS		
CITY - ST - ZIP			2.4 CHY-S1-3/P		
TITLE		DELETE	3 1 TaTLE	Change	☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ANDRESS		
CITY-S1-ZIP			3.4 CITY S1 - 7IP		
TITLE		DELETE	4 1 TITLE	Change	Add-tion
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET A IDRESS		
CITY - ST - ZIP			4.4 CITY - ST - 7IP		
TITLE		DFLETE	5 1 TITLE	Change	Addition
NAME			5.2 NAME		
STREET ADDRESS			5 3 STREET A IDRESS		
CITY-ST-ZIP			5.4 CITY - ST ZIP	F3.61	Addition .
TITLE		DELETE	6 1 TITLE	☐ Change	☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY - ST - ZIP			64 CITY ST ZIP	1. An arranged a stated in Section 110 07(3)(k) Florida State	too I fudhar

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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 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 12 or Block 12 or on an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/4/9/6 Date Double Price I

CR2E034 (12/95)