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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997		JIVIOION OI
DOCUMENT # 1. Corporation Name	P9300007995	8 (3)

PLEASURE ZONE INC.

FILED Jan 27 1997 8:00am Secretary of State

, 22, 100	HE ZONE,											
Principal Plac	e of Business		Maili	ing Address	·	******		I IDONADA KA 1860	MA SKOTA MADISI MALKI SAKI	l obili (boto)	INTER INTER UNIT	
4244 GANDY B TAMPA FL 336				GANDY BLVD. PA FL 33611-3404								
								3. Date Incorpor. 11/18/1993		1	ite of Last F	Report
2. Principal P	lace of Busin	ess	2a. N	Mailing Address	····			4. FEI Number	_	<u></u>	A	oplied For
21			26					59-321124	<u> 45</u>			ot Applicable
Suite, Apl 22			27	Suite, Apt. #, etc.				5. Certificate of S	Status Desired		Fee R	Additional equired
City & Stat	le		Ι	City & State				6. Election Camp				May Be
23		Country	28	7 _I p	Cou	nto.		Trust Fund Co				to Fees
Zip 24	}	Country 25	29	ηÞ	30	auy		8. This corporation of the Florida Statute		intangible ☐ Yes ☐		. 199.032,
(4)		and Address of Cu		red Agent	[30]			10. Name and Ad	·		_	
		INFORMATION S				81	Name					,
	1 HAYS ST.	INFORMATION 3	DEUAIOES IIAI	. ,								
	LAHASSEE I	FL 32301			Ì		Street Add	iress (P.O. Box Numb	er is Not Acceptal	ble)	·····	
						83						
					1	84	City			FL	85 Zip	Code
			- 0505									
11. Pursuant office or agent 1 a	•		4					poration submits this ation's board of director	statement for the pors. I hereby acce	purpose of pt the app -Q-Q	changing i ointment as	ts registered registered
SIGNATURE	•	or pranco name of registere		applicable. (NOTE: Registered			ired when reinstating)		-Q-Y	/	
SIGNATURE	Signal, o typed	or pranco name of registere	4	applicable. (NOTE: Registered	d Agent		ired when reinstating)	statement for the pors. I hereby acce	-Q-Y	DIRECTOR	RS IN 12
SIGNATURE 12. THILE	Signature typed	or prateo name of trigisters OFFICERS		applicable. (NOTE: Registered 13.	d Agent		ired when reinstating)		-Q-Y	/	
SIGNATURE 12. THEE NAME	P MATASSIP	or preside name of registers OFFICERS		applicable. (NOTE: Registered 13. 1.1 TI	d Agent TLE IME	t signature raqvi	ired when reinstating)		-Q-Y	DIRECTOR	RS IN 12
SIGNATURE 12. THE NAME STREET ADDRESS	P MATASSII 3301 W. J	OFFICERS OFFICERS II, MATTHEW RCH ST.		applicable. (NOTE: Registeres 13. 1.1 TII 1.2 NA 1.3 ST	d Agent TLE IME REET A	t signature requi	ired when reinstating)		-Q-Y	DIRECTOR	RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MATASSIN 3301 W. / TAMPA FI	OFFICERS OFFICERS II, MATTHEW RCH ST.		applicable. (ORS DELETE	NOTE: Registered 13. 1.1 Til 1.2 NA 1.3 ST 1.4 Cl'	J Agent TLE IME REET AI	t signature requi	ired when reinstating)		-Q-Y	DIRECTOR Change	RS IN 12
SIGNATURE 12. THILE NAME STREET ADDRESS CITY-ST-ZIP TITLE	P MATASSII 3301 W. / TAMPA FI	OFFICERS W, MATTHEW ARCH ST. 233607		applicable. (NOTE: Registered 13. 1.1 TO 1.2 NA 1.3 ST 1.4 CO 2.1 TO	TLE IME REET AI TY - ST-	t signature requi	ired when reinstating)		-Q-Y	DIRECTOR	RS IN 12
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14. I do 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

SIGNATURE AND TYPED ON PRINTED NAME OF STANLING OFFICER OR DIRECTOR

-9-97

813-839-8172

PRECARE