## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION **ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000012978 (9)

PLAYTIME OF BREVARD, INC.

## **FILED** May 08 1998 8:00am Secretary of State



Principal Place of Business Mailing Address						! #881/881   U   U U    U     88/   88/   48/	I BOIDT HEIR IN		
518 S. INDUSTRIAL RD. COCOA FL 32822		518 S. INDUSTRIAL RD. COCOA FL 32922	518 S. INDUSTRIAL RD. COCOA FL 32922			DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualified			
	<del></del>					02/15/1995			
<u> </u>	lace of Business	2a. Mailing Address	<b></b> ₁			4. FEI Number		<del></del>	pplied For
Suite, Apt #, etc.		Suite And # etc	Suite, Apt. #, etc.			59-3304130			ot Applicable
22		<u> </u>	27			5. Certificate of Status Desired			Additional equired
City & State	9	City & State	<u> </u>			6. Election Campaign Financing		\$5.00	May Be
23	<del></del>	28				Trust Fund Contribution			to Fees
Zip	Country	Zφ	Cour	ntry		8. This corporation owes or has paid	_	-	,
24	25   29   30   30   30   30   30   30   30   3			Personal Property Tax due June 30. Yes No  10. Name and Address of New Registered Agent					
AT		ent riogistered Agent		B1	Name	10. Name and Address of New Neg	ISTOLOGI WGO	int	
ATCHISON, GERALD K 415 W. MAGNOLIA AVE.									
MERRITT ISLAND FL 32952				82 Street Address (P.O. Box Number is Not Acceptable			∌)		
****			Ī	83					
			-	84	City		6	5 Zip	Code
44 D	10.10	00 1007 4600 61 10	<u> </u>		-			·	
office or re agent. I a	io the provisions of Sections 607.05 egistered agent, or both, in the Sta m familiar with, and accept the obt	502 and 607.1508, Florida Statu le of Florida: Such change was gations of, Section 607.0505, F	ites, ine ab authorizeo Iorida Statu	ove-r I by th utes.	named corpor he corporation	ration submits this statement for the pun's board of directors. I hereby accept	rpose of cha the appoint	anging it ment as	ls registered registered
SIGNATURE									
12.	Signature, typed or printed made of registered a OF FICERS A	geal and প্ৰথম approable (NO ND DIRECTORS	11 - Registered	Agent	signature required	when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE	DECTO	OC IAL 10
TITLE	PT DELETE			1.5 TOTLE		ADDITIONS/CHANGES TO OFFICE		Change	Addition
NAME	TIRAM, SAVAS		1.2 NAI	ME					
STREET ADDRESS	3640 DIXIE HWY. (US1)		1.3 STF	EET AD	DRESS	•		*	
CITY-ST-ZIP	PALM BAY FL 32905			1 4 CITY - ST - ZIP					
TITLE	VAC DELETE		21 TITI	21 TITLE				Change	Addition
NAME	BARBAROS, AYAZ		2.2 NAME						
STREET ADDRESS	3840 IDIXIE HWYI				DRESS				
CITY-ST-ZIP TITLE	PALM'BAY FL\32905			2. 4 CITY - ST - ZIP 3.1 TITLE				Change	- Addition
NAME				3.2 NAME			<b></b>	Change	Addition
STREET ADDRESS			3.3 STR		natec				
CITY-ST-ZIP			3.5 Sth						
TITLE	<del></del>	DELETE	4.1 THT		2.1			Change	Addition
NAME			4 2 NA	ME				-	
STREET ADDRESS			4.3 STR	EE1 AD	DRESS				
CITY-ST-ZIP			4.4 CIT	Y-S1-Z	ZIP				
TITLE		☐ DELETE	5.1 TITL	.E				Change	Addition
NAME			5.2 NAM	ΛE					
STREET ADDRESS			5.3 S1R	EET AD	ORESS				
CITY-SY-ZIP			5.4 CIT		7IP				<u></u>
TITLE		DELETE	6.1 7(1)					Change	Addition
NAME			6.2 NAM						
STREET ADDRESS			6.3 STR						
CITY-ST-ZIP	····		6.4 CIT	/- ST-Z	ZIP				

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 suppliemental 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.