

P95000048058

Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

June 1, 1995

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-06/16/95--01073--002
****122.50 ****122.50

RE: Play / Space Supply, Inc.

Gentlemen:

Enclosed please find the original and one copy of the Articles of Incorporation, together with my check in the amount of \$ 122.50.

This represents the cost of Filing Fees, Certified Copy of the Articles of Incorporation and Fee for Registered Agent Designation for the above named corporation.

Very truly yours,


David J. Antonacci
Play / Space Supply, Inc.

MAILING ADDRESS OF CORPORATION

Play / Space Supply, Inc
101 East 17th Street
Saint Cloud, Florida 34769

(407) 847-2313
(Fax) 847-0814

528

FILED
95 JUN 16 AM 9:40
SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLES OF INCORPORATION

of

Play / Space Supply, Inc.

(name of corporation)

The undersigned subscriber(s) to these Articles of Incorporation, natural person(s) competent to contract, hereby form a corporation under the laws of the State of Florida.

ARTICLE I - CORPORATE NAME

The name of the corporation is:

Play / Space Supply, Inc.

ARTICLE II - DURATION

This corporation shall exist perpetually unless dissolved according to Florida law.

ARTICLE III - PURPOSE

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue Five Hundred shares (500) of One Dollar(s) (\$ 1.00) par value Common Stock, which shall be designated "Common Shares."

ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

The street address of the Initial Registered Agent office and the name of the Initial Registered Agent at that office is:

NAME	DAVID JOSEPH ANTONACCI		
ADDRESS	101 East 17th Street		
CITY	Saint Cloud, Florida	34769	FLORIDA
ZIP	34769		

The principal office, if known, or the mailing address of the corporation is:

NAME	David Joseph Antonacci		
ADDRESS	2306 Emperor Drive		
CITY	Kissimmee, Florida	34744	FLORIDA
ZIP	34744		

ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have Two (2) directors initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The names and addresses of the initial director(s) of the corporation are as follows:

NAME	David Joseph Antonacci		
ADDRESS	2306 Emperor Drive		
CITY	Kissimmee, Florida	STATE	ZIP 34744
NAME	Bradley Persyns		
ADDRESS	1807 Pinar Court		
CITY	Saint Cloud, Florida	34769	STATE ZIP 34769
NAME			
ADDRESS			
CITY		STATE	ZIP

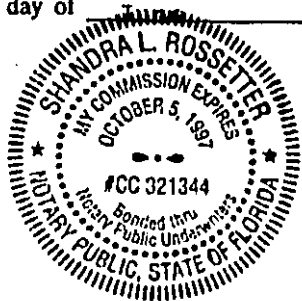
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE VII - INCORPORATORS

The names and addresses of the incorporators signing these Articles of Incorporation are as follows:

NAME	David Joseph Antonacci			266-31-2518
ADDRESS	2306 Emperor Drive			
CITY	Kissimmee, Florida	34744	STATE	ZIP 34744
NAME	Bradley Persyns			060-48-0004
ADDRESS	1807 Pinar Court			
CITY	Saint Cloud, Florida	34769	STATE	ZIP 34769
NAME				
ADDRESS				
CITY			STATE	ZIP

IN WITNESS WHEREOF, the undersigned subscriber(s) have executed these Articles of Incorporation this 1st day of June, 1995.



Shandra L. Rossette (Seal)
Shandra L. Rossette
Notary CC 321344 Exp 10-5-97 (Seal)
 _____ (Seal)

STATE OF FLORIDA

COUNTY OF Osceola

Sworn to (or affirmed) and subscribed before me this 1st day of June, 1995, by David J. Antonacci & Bradley J. Persyns who is personally known to me or has produced Florida Driver License as identification.

CERTIFICATE AND ACKNOWLEDGEMENT
OF REGISTERED AGENT

CERTIFICATE OF REGISTERED AGENT

OF

Play / Space Supply, Inc.

(name of corporation)

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:

The above corporation, desiring to organize under the laws of the State of Florida with
its registered office as indicated in the Articles of Incorporation

at 101 East 17th Street


Saint Cloud, Florida, 34769

has named David Joseph Antonacci

located at the aforesaid address, as its Registered Agent to accept service of process
within this state.

ACKNOWLEDGEMENT

Having been named as Registered Agent to accept service of process for the above
stated corporation at the place designated in this certificate, and being familiar with
the obligations of that position, I hereby accept to act in this capacity, and agree to
comply with the provisions of Florida Law in keeping open said office.


DAVID J. ANTONACCI
(registered agent)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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June 18, 1996

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-06/19/96--01011--006
****215.00 ****215.00

REPLACEMENT FEE 1996

ANNUAL REPORT: PLAY/SPACE SUPPLY,
INC.

DEBIT MEMO: # 63875-B

CHECK #: 2004

PA5 000048058

STATE OF FLORIDA
OFFICE OF THE COMPTROLLER
APPLICATION FOR REFUND

Section 215.26, Florida Statutes, states in part: "Applications for refunds as provided in this section shall be filed with the Comptroller, except as otherwise provided herein, within 3 years after the right to such refund shall have accrued else such right shall be barred." Three years is generally interpreted as meaning three years from the date of payment into the State treasury. The Comptroller has delegated the authority to accept applications for refund to the unit of State government which initially collected the money.

Pursuant to the provisions of Rule 3A-44.020, Florida Administrative Code, and Section 215.26, Florida Statutes, or Section _____, Florida Statutes, I hereby apply for a refund of moneys I paid into the State treasury, which are subject to refund. The following information is submitted to substantiate the claim.

Name: Play/Space Supply, Inc. EIN or SS#: 593326574

Address: 101 EAST 17TH ST.
ST. PETERS, FLORIDA 34769

Amount: 225 Date Paid 7-23-96

Reason for claim: PA5000048058- duplicate
check of the AR

Certified true and correct this 23 day of September, 19 96.

Signature [Signature]

* Must be completed if authority is other than Section 215.26, Florida Statutes.

For Agency Use Only

Agency recommends approval of above claim and submits the following information to substantiate the claim: Amount of recommended refund \$ 225

The amount requested above was originally deposited into the State Treasury, as a part of the funds deposited on State Treasurer's Receipt No. 97376-012 dated 7-23-96

Name of Account

45202130001453000000000010000

Statutory Authority for Collection 607

It is requested that payment be made from the following account:

NAME OF ACCOUNT:

452021300014530000000022002000

Certified true and correct this _____ day of _____, 19 _____.

Department of State, Division of Corporations
(Agency)

(Authorized Signature and Title)