

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

APPROVED
AND
FILED

97 JUN 26 PM 1:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



PROFIT CORPORATION ANNUAL REPORT 1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000048058 (8)
1. Corporation Name
PLAY / SPACE SUPPLY, INC.

Principal Place of Business: 2306 EMPEROR DR, KISSIMMEE FL 34744
Mailing Address: 2306 EMPEROR DR, KISSIMMEE FL 34744-6013

2. Principal Place of Business: 21 101 B. 17th STREET, Suite, Apt. #, etc. 22 ST. CLOUD, FL, Zip 24 34969, Country 25 USA
2a. Mailing Address: 26 P.O. Box 450606, Suite, Apt. #, etc. 27 KISSIMMEE, FL, Zip 28 34945, Country 30 USA

3. Date Incorporated or Qualified: 06/16/1995
3a. Date of Last Report: 05/01/1986
4. FEI Number: APPLIED FOR 59-3326574
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes

9. Name and Address of Current Registered Agent: ANTONACCI, DAVID J, 101 E 17 ST, ST CLOUD FL 34769

10. Name and Address of New Registered Agent: 81 Name, 82 Street Address (P.O. Box Number is Not Acceptable), 83, 84 City, FL, 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: Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ANTONACCI, DAVID J	11 TITLE	LAZARO GONZALEZ
NAME	ANTONACCI, DAVID J	12 NAME	6357 Conroy Rd. #2101
STREET ADDRESS	2306 EMPEROR DR	13 STREET ADDRESS	MIAMI, FL 33015
CITY-ST-ZIP	KISSIMMEE FL 34744	14 CITY-ST-ZIP	V.P. Operations
TITLE	D PERSYNS, BRADLEY	21 TITLE	CURT JENSEN
NAME	PERSYNS, BRADLEY	22 NAME	735 ACACIA AVE. Dir. Product Dev.
STREET ADDRESS	1807 PINAR CT	23 STREET ADDRESS	WEST. MELBOURNE, FL 32904
CITY-ST-ZIP	ST CLOUD FL 34769	24 CITY-ST-ZIP	
TITLE		31 TITLE	DAVID FARRISH
NAME		32 NAME	Production Mgr.
STREET ADDRESS		33 STREET ADDRESS	2278 DESTINE LANE
CITY-ST-ZIP		34 CITY-ST-ZIP	JACKSONVILLE, FL 32233
TITLE		41 TITLE	
NAME		42 NAME	300002227219--0
STREET ADDRESS		43 STREET ADDRESS	-07/01/97--01006--018
CITY-ST-ZIP		44 CITY-ST-ZIP	***165.00 ***165.00
TITLE		51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

Change Addition
Change Addition
Change Addition
Change Addition
Change Addition
Change Addition

G. Alan
6/24/97

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 in an attachment with an address.

SIGNATURE: [Signature]

FILED 034 (9/96)