FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

ADDRESS CHANGE ONLY

PROFIT CORPORATION ANNUAL REPORT

1997

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

DOCUMENT # **P95000057825 (8)**

1. **PLUG-N-PLAY, INC.**

2900 BRIDGEPORT AVENUE SUIET 402 COCONUT GROVE FL 33133 US	2900 BRIDGEPORT AVENUE SUITE 402 COCONUT GROVE FL 33133-3606 US

3. Date Incorporated or Qualified: 07/26/1995
3a. Date of Last Report: 08/14/1996

2. Principal Place of Business	2a. Mailing Address
21 6191 ORANGE DRIVE	26 6191 ORANGE DR.
22 SUITE 6171	27 SUITE 6171
23 DAVIE FL	28 DAVIE FL
24 Zip 33314 25 County USA	29 Zip 33314 30 County USA

4. FEI Number: 65-0600045 — Applied For ☐ Not Applicable ☐

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 ☐ No

9. Name and Address of Current Registered Agent

JARVIS, JUDITH
2900 BRIDGEPORT AVENUE
SUITE 402
COCONUT GROVE FL 33133

10. Name and Address of New Registered Agent

81 Name: JUDITH A JARVIS
82 Street Address (P.O. Box Numbers Is Not Acceptable): 6191 ORANGE DR, #6171
83: SUITE 6171
84 City: DAVIE FL 85 Zip Code: 33314

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 _____ DATE _____
If changing registered agent, type or print name of new registered agent and title if applicable (NOTE: Registered Agent's signature required when changing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE		☐ Change ☐ Addition
PCD HERBST, RICHARD 2900 BRIDGEPORT AVENUE #402 COCONUT GROVE FL	☐ DELETE	PCD RICHARD HERBST 6191 ORANGE DR., #6171 DAVIE, FL 33314	☒ Change ☐ Addition
STD JARVIS, JUDITH A 2900 BRIDGEPORT AVENUE #402 COCONUT GROVE FL	☐ DELETE	STD JUDITH A. JARVIS 6191 ORANGE DR., #6171 DAVIE, FL 33314	☒ Change ☐ Addition
	☐ DELETE		☐ Change ☐ Addition
	☐ DELETE		☐ Change ☐ Addition
	☐ DELETE		☐ Change ☐ Addition
	☐ DELETE		☐ Change ☐ Addition

14. To the best of my knowledge, 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 a director or officer 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: Richard Herbst 9-12-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

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