SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # P95000057825 (8)

1. Corporation Name

PLUG-N-PLAY, INC.

Principal Place of Business	Mailing Address
4070 LAGUNA ST CORAL GABLES FL 33146	4070 LAGUNA ST CORAL GABLES FL 33146

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

2. Principal Place of Business	2a. Mailing Address
21 2900 Bridgeport AVE	26 2900 Bridgeport AVE
Suite, Apt #, etc: 22 SUITE 402	Suite, Apt #, etc: 27 SUITE 402
City & State: 23 Coconut Grove, FL	City & State: 28 Coconut Grove, FL
Zip: 24 33133 Country: 25 USA	Zip: 29 33133 Country: 30 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

TERMINELLO, LOUIS J
2700 SW 37 AVE
MIAMI FL 33133

10. Name and Address of New Registered Agent

81 Name: JUDITH A. JARVIS
82 Street Address (P.O. Box Number is Not Acceptable): 2900 BRIDGEPORT AVENUE
83 SUITE 402
84 City: Coconut Grove FL 85 Zip Code: 33133

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: JUDITH A. JARVIS [signature] 8/7/96
Signature, typed or printed name of registered agent and title if applicable — Registered Agent signature required when reinstating — DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCD	☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	HERBST, RICHARD		1.2 NAME	
STREET ADDRESS	4070 LAGUNA ST		1.3 STREET ADDRESS	2900 BRIDGEPORT AVE, SUITE 402
CITY-ST-ZIP	CORAL GABLES FL 33146		1.4 CITY-ST-ZIP	COCONUT GROVE, FL 33133
TITLE	STD	☐ DELETE	2.1 TITLE	☒ Change ☐ Addition
NAME	JARVIS, JUDITH A		2.2 NAME	
STREET ADDRESS	4070 LAGUNA ST		2.3 STREET ADDRESS	2900 BRIDGEPORT AVE, SUITE 402
CITY-ST-ZIP	CORAL GABLES FL 33146		2.4 CITY-ST-ZIP	COCONUT GROVE, FL 33133
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 8-7-96 (305) 446-1888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (3/96)