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.) FLORIDA DEPARTMENT OF STATE PROFIT Sandra B. Mortham CORPORATION Secretary of State ANNUAL REPORT DIVISION OF CORPORATIONS 1996 P95000070810 (3) **DOCUMENT #** PLAYING FOR PROFIT, INC. Mailing Address Principal Place of Business ROUTE 11, BOX 292-C ROUTE 11. BOX 292-C LAKE CITY FL 32024 LAKE CITY FL 32024 3a. Date of Last Report 3. Date Incorporated or Qualified 09/13/1995 Applied For 4. FE1 Number 2a. Mailing Address 2. Principal Place of Business Not Applicable 59-3335617 26 PO BOX 1390 \$8.75 Additional 21 Suite, Apt #, etc 5. Certificate of Status Desired Fee Required Suite, Apt. #, etc. 27 \$5.00 May Be 22 6. Election Campaign Financing City & State Added to Fees City & State Trust Fund Contribution 28 LAKE CITY 8. This corporation has liability for intangible tax under s 199 032 23 Yes XX No Country Zip Florida Statutes 29 32056-1390 30 10. Name and Address of New Registered Agent 24 9. Name and Address of Current Registered Agent DENNIS A. SMITH THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD Street Address (P.O. Box Number is Not Acceptable) ROUTE 11 BOX 292-C 343 ALMERIA AVENUE CORAL GABLES FL 33134 63 Zip Code 32024 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. Thereby accept the appointment as registered agent I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. LAKE CITY JUNE 6,1996 DENNIS ALTON SMITH, PD SIGNATURE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/8) Signature, typed or prodest name of registered agont and title if applicat OF FICERS AND DIRECTORS Change Addition 12. 1.1.1111.6 DELETE PD TIFLE 1.2 NAME SMITH, DENNIS ALTON 13 STREET ADDRESS **ROUTE 11, BOX 292-C** STREET ADDRESS 1.4 CITY - ST - ZIP K Change Addition LAKE CITY FL 32024 CITY - ST - ZIP SD DELETE 2 1 TITLE SD JORDAN, BLANCHE A TITLE 2.2 NAME JORDAN, BLANCHE A ROUTE 11 BOX 291-Q NAME 2 3 STREET ADDRESS ROUTE 11, BOX 292-C LAKE CITY FL 32024 STREET ADDRESS 2 4 CiTY - ST - ZIP Change Addition LAKE CITY FL 32024 CITY - ST - ZIP DELETE 3.1 TITLE TITLE 3.2 NAME JANKI, PATRICIA A NAME 3.3 STREET ADDRESS **ROUTE 11, BOX 292-C** STREET ADDRESS 3.4. CITY - S1 - ZIP Change ____ Addition LAKE CITY FL 32024 CITY-ST-ZIP 41 TITLE DELETE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4 4 CITY - ST - ZIP Change Addition CITY - ST - ZIP DELETE 5.1 DILE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - S1 - ZIP Change Addition CITY-ST-ZIP DELETE. 6 1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 14. I do hereby certily 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

NING OFFICER OR DIRECTOR

JUNE 6,1996 904-961-9224