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

**PROFIT CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

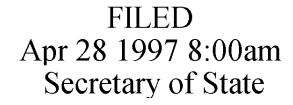
Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000070810 (3)

PLAYING FOR PROFIT, INC.

Principal Place of Business	Mailing Address
ROUTE 11. BOX 292-C	PO BOX 1390



Principal Place of Business Mailing Address		T 1001/100): 100 1000 1 BINK! FRINK OOM! 81	III. 68191 10611 88109 10101 87011 0011 1089		
LAKE OTTY FL 32024		PO BOX 1390 LAKE CITY FL 32056-1390 US			· ·
				3. Date Incorporated or Qualified 09/13/1995	3a. Date of Last Report 06/21/1996
2. Principal Pl	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21 ROUT	<del> </del>	26		59-3335617	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	2	City & State		C Floation Compaign Financing	
23 LAK		28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for	
24 320			30		Yes XXNo
	9. Name and Address of Current	Registered Agent	81 Name e.	10. Name and Address of New F	Registered Agent
	TH, DENNIS A		Si Name Si	MITH, DENNIS A	
				ress (P.O. Box Number is Not Accept	able)
LAKI	E CITY FL 32024		83	OUTE 21 BOX 3	<u>'</u>
		•		PRK	10-1-7:0
			84 City	KE CITY	FL 85 Zip Code 32024
11. Pursuant	to the provisions of Sections 607 0502	and 607.1508, Florida Statute	s, the above-named cor	poration submits this statement for the	purpose of changing its registered
office or r agent. I a	registered agent, or both, in the State ( Im familiar with, and accept the obliga	of Florida. Such change was ac itions of, Section 607.0505, Flor	utnorized by the corpora rida Statutes.	tion's board of directors. I hereby acc	
SIGNATURE	DENNIS ALTON Signature, typed or printed name of registered agen	SMITH, PD (NOTE	Registored Aprilt signature requ	A SM V.C. ired which reinstating)	APRIL 21, 1997
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFF	
TITLE	PD ALTON	DELETE	1110tf P	D MITH, DENNIS ALT	
NAME	SMITH, DENNIS ALTON		0	OUTE ZI BOX 36	
STREET ADDRESS	ROUTE 11, BOX 292-C LAKE CITY FL 32024		1.2.04145111405244.00	AKE CITY FL	32024
CITY-ST-ZIP	SD SD	DELETE		D	Change Addition
NAME	JORDAN, BLANCHE A			ORDAN, BLANCE	EA
STREET ADDRESS	ROUTE 11 BOX 291Q			0475 21 BOX 35	•
CITY-ST-ZIP	LAKE CITY FL		1 _	_	32024
TITLE	TD	DELETE	3.1 TITLE T		Change 🔲 Addition
NAME	JANKI, PATRICIA A	•	3.2 NAME <b>3</b>	ANKI, PATRICIA	<b>A</b>
STREET ADDRESS	ROUTE 11, BOX 292-C		3.3 STREET ADDRESS R	OUTE 21 BOX 3	61 ,
CITY-ST-ZIP	LAKE CITY FL 32024			AKE CITY FL	32024
TITLE		L. DELETE	4.1 TiTLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS	,		4.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	44 CITY-ST - ZIP 51 TITLE		Change Addition
TITLE NAME			5 2 NAME		Ed State
STREET ADDRESS			5 3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - \$1 - ZIP		ļ
TITLE		DELETE	G1 MILE		Change Addition
NAME			6 2 NAME		
STREET ADDRESS			6 3 STREET ADORESS		
CITY-ST-ZIP	187		6 4 CITY - ST - ZIP		
	by partify that the information complian	d with this filing does not gualdy	of for the exemption state	ed in Section 119 07(3)(i). Eterida Statu	ites. 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 eath; 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 on an attachment with an address.