SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFT ST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/98: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) profit FLORIDA DEPARTMENT OF STATE CORPORATION 97 JUL -2 PH 3: 49 Sandra B. Mortham ANNUAL REPORT Secretary of State . 1998 1997 DIVISION OF CORPORATIONS SECRETARY OF STATE TALLAHASSEE, FLORIDA P96000000662 DOCUMENT # The Play Stay-tion, INC. incipal Place of Business

Mailing Address (SAME)

11629 SAN TOSE Boulevard JACKSONVILLO FL. 32257 3. Date Incorporated or Qualified 3a. Date of Last Report 196 NONE N/R 2. Principal Place of Business 28. Mailing Address 26. 11629 SAN JOSE BLUD. Applied Fo 11629 Sw JoseBlur. Not Applicable Suite, Apt. #. etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Suite Suite Fee Required City & State City & State JACKSONVIlle, FL. 6. Election Campaign Financing \$5.00 May Be JACKSONVILLE FL 28 Trust Fund Contribution Added to Fees 8. This corporation has fiability for intangible tax under s. 199.032, USA USA Yes X No Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 MARCAROT A. EUANS 9495 Beaucler Cove Lane Tacksonville, FL. 37257 Name Street Address (P.O. Box Number is Not Acceptable) 82 83 85 Zip Code City 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 Jamillar with, and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE W. W. W. W. W. M. M. Section 607.0505 A. EVANS - PLOSIDENT 5/21/97 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. (36/6)DELETE TITLE PRESIDENT 11 Till E PRESIDENT Change Addition vice NAME MARGARET A. EVANS 1.2 NAME JOHN L. EVANS 9495 BEAUCIEK COUR LV. 9495 BEAUCIORE CORE W. TACKSONVILLE FL. 32257 STREET ADDRESS 1.3 STREET ADDRESS TACKSONVILLE, FL. 32257 CITY-ST-ZIP 1.4 CITY - ST - ZIP Change Addition TITLE 21 THLE secretary JOHN L. ÉVANS NAME 2.2 NAME gygs Beaucharc cove have STREET ADDRESS 2.3 STREET ADDRESS SACKSONVILLE FL. 32257 CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE ___ Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - \$1 - ZIP 3 4. CITY - S1 - ZIP DELETE E1111110223 Lighinge LiAddin -07/08/97-01038-020 TITLE 411016 NAME 4 2 NAME ****165,00 ****165,00 STREET ADORESS 43 STREET ADDRESS CITY-ST-ZIP 4.4 CiTY - ST - ZIP DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-\$T-ZIP 5 4 CITY - S1 - ZIP Change DELETE TITLE Addition 61 TITLE NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** CITY-ST-ZIP 64 CITY - \$1 - 7/P 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 early 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. (904) 260-7529

OFFICER OR DIRECTOR