

5-14-98 B 7325C
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 14 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P96000000662 (2)

1. Corporation Name
THE PLAY STAY-TION, INC.

Principal Place of Business
11629 SAN JOSE BLVD.
SUITE 1
JACKSONVILLE FL 32223

Mailing Address
11629 SAN JOSE BLVD.
SUITE 1
JACKSONVILLE FL 32223



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		01/02/1996	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-3357692	
24 Country		30 Country		Applied For	
				Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
EVANS, MARGARET A 9495 BEAVERE COVE LANE JACKSONVILLE FL 32257				81 Name EVANS, MARGARET A.			
				82 Street Address (P.O. Box Number is Not Acceptable) 9495 BEAUCLORE COVE LN.			
				83			
				84 City JACKSONVILLE FL 85 Zip Code 32257			

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 _____
(Signature, typed or printed name of registered agent and title if applicable) (NOT: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D - PRESIDENT
NAME	EVANS, MARGARET A	1.2 NAME	EVANS, MARGARET A.
STREET ADDRESS	940 THORNBUSH COURT	1.3 STREET ADDRESS	9495 BEAUCLORE COVE LANE
CITY-ST-ZIP	LAWRENCEVILLE GA 30245	1.4 CITY-ST-ZIP	JACKSONVILLE FL. 32257
TITLE	VP	2.1 TITLE	
NAME	EVANS, JOHN L	2.2 NAME	
STREET ADDRESS	9495 BEAUCLORE COVE LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32257	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	S - SECRETARY
NAME	EVANS, JOHN L	3.2 NAME	EVANS, JOHN L.
STREET ADDRESS	9495 BEAUCLORE COVE LANE	3.3 STREET ADDRESS	9495 BEAUCLORE COVE LANE
CITY-ST-ZIP	JACKSONVILLE FL 32257	3.4 CITY-ST-ZIP	JACKSONVILLE FL. 32257
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that 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 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.

SIGNATURE _____ DATE 4/30/98 (904) 731-7190
John L. Evans

CR2E034 (10/97)