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

Mailing Address
1791 AUTUMN LANE

FORT WALTON BEACH FL 32547-1991

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

SIGNATURE:

FORT WALTON BEACH FL 32547

1791 AUTUMN LANE



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Feb 13 1997 8:00am

Secretary of State

3. Date Incorporated or Qualified 3a. Date of Last Report

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000018105 (2)

PLAYGROUND PROPERTIES, INC.

						02/26/1996				
2. Principal Place of Business 2a. Mailing Address						4. FEI Number		Ap	plied For	
21		26				59-3365521		No	t Applicable	
Suite, Apt.	#, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired	□ \$	8.75 A Fee Re	Additional equired		
City & State City & State						6. Election Campaign Financing		\$5.00	May Be	
23		28				Trust Fund Contribution		Added t	,	
Zip	Country	Zip Cou				8. This corporation has liability for intangible tax under s. 199.032,				
24	25	29	30				Yes N			
	9. Name and Address of Current Registered Agent			,,,,,,		10. Name and Address of New Registered Agent				
SIMMONS, SON P 1791 AUTUMN LANE FORT WALTON BEACH FL 32547					Name	e				
					82 Street Address (P.O. Box Number is Not Acceptable)					
					63					
					City	FL 85 Zip Code				
A D Control Control COZ (FOO and COZ (FOO Florida Clabulas the of					named ansar	vertion authorite this statement for the pu		anaina it	n registered	
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 1 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.										
SIGNATURE Signature typed or graded name of registered agent and too if applicable (NOTE: Registered Agent signature required when reinstating) DATE OUT DATE										
12.	OFFICERS AND DIRECTORS 13					ADDITIONS/CHANGES TO OFFICE	RS AND DI	RECTOR	IS IN 12	
1111.6	P	☐ DELETE	1.1 TiT	ĭLE	·····			Change	Addition	
NAME	SIMMONS, SON P			AME						
STREET ADDRESS	AMAZ ALIMITIKAN A SAIP			REET A	ADDRESS					
CITY-ST-ZIF	PORT WALTON RELOUE AREAS				.					
TITLE				1.4 CITY - ST - ZIP 2.1 TITLE				Change	Addition	
NAME				22 NAME			_			
	AMARA ALIMINALE I SAIT				ADDRESS					
STREET ADDRESS	FORT WILLTON BELOW EL GOE AT				•					
CITY - ST - ZIP				11Y - 5'	1-212			Change	Addition	
THE				TLE		•	: : L	Onange	LL ROGILION	
NAME				AME						
STREET ADDRESS					ADDRESS					
CITY - S1 - ZiP				ITY-S	T-ZIP			O L	Addition	
TITLE				TLE			لاا	Change	Addition	
NAME			4. 2 N/							
STREET ADDRESS			4.3 ST	IREET /	ADDRESS					
Crty+S1+ZiP				TY-ST	- ZIP			-2:		
THE		☐ DELETE	5.1 TIT	TLE		•	Ц	Change	Addition	
NAME:			5.2 NA	AME						
STREET ADDRESS			5.3 \$1	TREET A	ADORESS					
CITY - S1 - ZIP	5.4 (1Y-\$1	-ZIP					
THE	DELETE 6.11			TLE				Change	☐ Addition	
NAME			6.2 NA	AME	'					
STREET ADDRESS			6.3 ST	TREET :	ADDRESS .					
CHY-ST-ZIP	6.4			ITY-\$1	- ZIP					
14. I do here	by certify that the information supplied	with this filing does not qual	fy for the	exe	nption stated	in Section 119.07(3)(i), Florida Statutes	. I further ce	rtify 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.										